



497037

HEALTH AND SAFETY PLAN APPROVAL SIGNATURE FORM

Site Name: Sybill, Inc.

WO#: 12634-001-001-0309-00

Address:

111 Military St., Detroit, MI

I understand, agree to, and will conform with the information set forth in this Health and Safety Plan (and attachments) and discussed in the personnel health and safety briefing(s).

Name

Signature

Date

SARAH MEYER

Sarah Meyer

10/21/02

Dan Capone

Daniel M. Capone

10/22/02

Ray Morren

Ray Morren

10/22/02

Jim Fritto

Jim Fritto

10/22/02

Katharina Heid

Katharina Heid

10/22/02

Jeff Lind

Jeff Lind

11/22/02

Linda Korabik

Linda Korabik

10/22/02

Lorie Hong

Lorie Hong

7/25/03

Revised 02/1998

SITE HEALTH AND SAFETY PLAN (HASP) FORM 1

Prepared by: Rebecca Campbell Nemirovsky		W.O. Number: 12634-001-001-0309-00		Date: 10-01-02	
Project Identification Office: Detroit Site Name: Sybill Inc. Client: U.S. EPA Reg V START Work Location Address: 111 Military Road, Detroit, Michigan			Site History: The Sybill Inc. facility is an abandoned waste-oil recycling facility. There are approximately 400,000 gallons of waste-oil remaining at the facility. In addition, other materials including acids, bases, sodium hypochlorite, hydrogen peroxide, more than 50 55-gallon drums containing unknown substances, cylinders labeled hydrogen, nitrogen, oxygen, and propane, and containers labeled "flammable" and "PCBs", are present at the site. Many areas of the facility, including process buildings, show signs of forced entry and trespass.		
Scope of Work: Site Assessment including sample collection from on-site tanks, drums, and miscellaneous containers.					
<input type="checkbox"/> Sites visit only; site HASP not necessary. List personnel here and sign off below:					
Regulatory Status:					
Site regulatory status: CERCLA/SARA RCRA Other Federal Agency <input checked="" type="checkbox"/> U.S. EPA <input type="checkbox"/> U.S. EPA <input type="checkbox"/> DOE <input checked="" type="checkbox"/> State <input type="checkbox"/> State <input type="checkbox"/> USACE <input type="checkbox"/> NPL Site NRC <input type="checkbox"/> Air Force <input type="checkbox"/> OSHA <input type="checkbox"/> 10 CFR 20 <input type="checkbox"/> _____ <input type="checkbox"/> Hazard Communication (Req'd See Attachment D) <input checked="" type="checkbox"/> 1910 <input checked="" type="checkbox"/> 1926 <input checked="" type="checkbox"/> State			Safety Officer Manual (Required to be On-Site) Based on the Hazard Assessment and Regulatory Status, determine the Standard HASP(s) applicable to this project. Indicate below which Standard HASP will be used and append the appropriate pages of this form along with the Standard Plan. <input type="checkbox"/> Stack Test <input type="checkbox"/> _____ <input type="checkbox"/> Air Emissions <input type="checkbox"/> _____ <input type="checkbox"/> Asbestos <input type="checkbox"/> _____ <input type="checkbox"/> Industrial Hygiene <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____		
Review and Approval Documentation:					
Reviewed by: SO/DSM/CHS <u>SARAH MEYER FOR RON BURG</u> <u>[Signature]</u> Date: <u>10/16/02</u> Name (Print) Signature					
Other _____ Date: _____ Name (Print) Signature					
Approved by: Project Manager <u>KEVIN AXE</u> <u>[Signature]</u> Date: <u>10/16/02</u> Name (Print) Signature					
Hazard Assessment and Equipment Selection: In accordance with WESTON's Personal Protective Equipment Program and 29 CFR 1910.132, at the site prior to personnel beginning work, the SHSC and/or the Site Manager have evaluated conditions and verified that the personal protective equipment selection outlined within this HASP is appropriate for the hazards known or expected to exist. (Refer to Safety Officer Manual Section 2, Personal Protection Program, for guidance.)					
<input checked="" type="checkbox"/> SHSC <input type="checkbox"/> Site Manager Sarah L. Meyer <u>[Signature]</u> Date: <u>10/16/02</u> Name (Print) Signature					
Project start date: 10/21/02 End date: 01/01/03		This site HASP must be reissued/reapproved for any activities conducted after: Date: <u>1/3/01/03</u>		Amendment date(s) By: 1. 2. 3. 4.	

SITE HEALTH AND SAFETY PLAN (HASP)-FORM 1

Prepared by: Rebecca Campbell Nemirovsky

W.O. Number:
12634-001-001-0309-00

Date: 10-01-02

Project Identification

Office: Detroit
Site Name: Sybill Inc.
Client: U.S. EPA Reg V START
Work Location Address: 111 Military Road,
Detroit, Michigan

Site History:

The Sybill Inc. facility is an abandoned waste-oil recycling facility. There are approximately 400,000 gallons of waste-oil remaining at the facility. In addition, other materials including acids, bases, sodium hypochlorite, hydrogen peroxide, more than 50 55-gallon drums containing unknown substances, cylinders labeled hydrogen, nitrogen, oxygen, and propane, and containers labeled "flammable" and "PCBs", are present at the site. Many areas of the facility, including process buildings, show signs of forced entry and trespass.

Scope of Work:

Site Assessment including sample collection from on-site tanks, drums, and miscellaneous containers.

☐ Sites visit only; site HASP not necessary. List personnel here and sign off below:

Regulatory Status:

Site regulatory status:
CERCLA/SARA **RCRA** **Other Federal Agency**

☒ U.S. EPA ☐ U.S. EPA ☐ DOE
☒ State ☐ State ☐ USACE
☐ NPL Site **NRC** ☐ Air Force
☐ OSHA ☐ 10 CFR 20 ☐ _____

☐ Hazard Communication (Req'd See Attachment D)
☒ 1910 ☒ 1926 ☒ State

Safety Officer Manual (Required to be On-Site)

Based on the Hazard Assessment and Regulatory Status, determine the Standard HASP(s) applicable to this project. Indicate below which Standard HASP will be used and append the appropriate pages of this form along with the Standard Plan.

☐ Stack Test ☐ _____
☐ Air Emissions ☐ _____
☐ Asbestos ☐ _____
☐ Industrial Hygiene ☐ _____
☐ _____ ☐ _____

Review and Approval Documentation:

Reviewed by:
SO/DSM/CHS

Name (Print)

Signature

Date: _____

Other

Name (Print)

Signature

Date: _____

Approved by:
Project Manager

Name (Print)

Signature

Date: _____

Hazard Assessment and Equipment Selection:

In accordance with WESTON's Personal Protective Equipment Program and 29 CFR 1910.132, at the site prior to personnel beginning work, the SHSC and/or the Site Manager have evaluated conditions and verified that the personal protective equipment selection outlined within this HASP is appropriate for the hazards known or expected to exist. (Refer to Safety Officer Manual Section 2, Personal Protection Program, for guidance.)

☒ SHSC ☐ Site Manager Sarah L. Meyer

Date: _____

Name (Print)

Signature

Project start date: 10/21/02

End date: 01/01/03

**This site HASP must be
reissued/reapproved for any
activities conducted after:**

Date: 03/01/03

Amendment date(s) By:

- 1.
- 2.
- 3.
- 4.

WESTON REPRESENTATIVES FORM 2

Organization/Branch	Name/Title	Address	Telephone
Weston/Chicago	Sarah Meyer Site Lead/Sampler	Chicago, IL	(312)424-3303
Weston/Detroit	Rebecca Nemirovsky Sampler/SHSC	Detroit, MI	(313) 989-2534
Weston/Okemos	Dan Capone Sampler / Live / B Supervisor	Okemos, MI	517-381-5932

Roles and Responsibilities: Sarah Meyer is responsible for site coordination, sample plan implementation and sampling and implementation of this HASP.

WESTON SUBCONTRACTORS

Organization/Branch	Name/Title	Address	Telephone
None			

Roles and Responsibilities:

SITE-SPECIFIC HEALTH AND SAFETY PERSONNEL

The Site Health and Safety Coordinator (SHSC) for activities to be conducted at this site is: Sarah Meyer

The SHSC has total responsibility for ensuring that the provisions of this Site HASP are adequate and implemented in the field.

Changing field conditions may require decisions to be made concerning adequate protection programs. Therefore, the personnel assigned as SHSCs are experienced and meet the additional training requirements specified by OSHA in 29 CFR 1910.120.

Qualifications: Rebecca Nemirovsky and Sarah Myer are current in first aid and CPR, 40-hour OSHA, and 8-hr SHSC training. Both START members are experienced in Level B PPE. The OSC on site will be used as the backup personnel on site. A "Three Person (minimum) entry" (including backup personnel) is required. All level B and C documentation will be available for review by per request. This documentation is available in personnel folder. Rebecca is a transfer from Region Region 3 and has ER/START experience.

Designated alternates include:

Revised 2/1998

HEALTH AND SAFETY EVALUATION FORM 3

Hazard Assessment

Background Review: ☒ Complete ☐ Partial If partial why?

Activities Covered Under This Plan:

No.	Task/Subtask	Description	Schedule
01	Initial Assessment	Facility reconnaissance and air monitoring	Immediately upon arrival.
02	Sampling	Tank sampling	TBD (10/21/02 – 10/23/02)
03	Sampling	Acid/Caustic AST	TBD (10/21/02 – 10/23/02)
04	Sampling	Drum sampling	TBD (10/21/02 – 10/23/02)
05	Sampling	Miscellaneous container sampling	TBD (10/21/02 – 10/23/02)

Types of Hazards:

1 Numbers refer to one of the following hazard evaluation forms. Complete hazard evaluation forms for each appropriate hazard class.

Physiochemical 1 <input checked="" type="checkbox"/> Flammable <input checked="" type="checkbox"/> Explosive <input checked="" type="checkbox"/> Corrosive <input checked="" type="checkbox"/> Reactive <input type="checkbox"/> O ₂ Rich <input type="checkbox"/> O ₂ Deficient	Chemically Toxic 1 <input checked="" type="checkbox"/> Inhalation <input type="checkbox"/> Carcinogen <input type="checkbox"/> Ingestion <input type="checkbox"/> Mutagen <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Teratogen <input checked="" type="checkbox"/> Absorption <input type="checkbox"/> OSHA 1910.1000 Substance (Air Contaminants) <input type="checkbox"/> OSHA Specific Hazard Substance Standard (Refer to following page for listing)	Radiation 3 Ionizing: <input type="checkbox"/> Internal exposure <input type="checkbox"/> External exposure Non-ionizing: <input checked="" type="checkbox"/> UV <input type="checkbox"/> IR <input type="checkbox"/> RF <input type="checkbox"/> MicroW <input type="checkbox"/> Laser	Biological 2 <input type="checkbox"/> Etiological Agent <input checked="" type="checkbox"/> Other (plant, insect, animal) <input type="checkbox"/> Physical Hazards 4 <input type="checkbox"/> Construction Activities
---	--	---	--

Source/Location of Contaminants and Hazardous Substances:

Directly Related to Tasks

- ☒ Air
- ☒ Other Surface
- ☐ Groundwater
- ☒ Soil
- ☐ Surface Water
- ☐ Sanitary Wastewater
- ☒ Process Wastewater
- ☒ Other Drums and tanks

Indirectly Related to Tasks — Nearby Process(es) That Could Affect Team Members:

- ☐ Client Facility/WESTON Work Location
- ☐ Nearby Non-Client Facility

Describe:

- ☐ Have activities (task[s]) been coordinated with facility?

Revised 02/1998

HEALTH AND SAFETY EVALUATION-CHEMICAL HAZARDS OF CONCERN FORM 4

☐ N/A

Chemical Contaminants of Concern

Provide the data requested for chemical contaminants on HASP Form 25 or attach data sheets from an acceptable source such as NIOSH pocket guide, condensed chemical dictionary, ACGIH TLV booklet, etc. List chemicals and concentrations below and locate data sheets in Attachment B of this HASP.

☐ N/A

Identify hazardous materials used or on-site and attach Material Safety Data Sheets (MSDSs) for all reagent type chemicals, solutions, or other identified materials that in normal use in performing tasks related to this project could produce hazardous substances. Ensure that all subcontractors and other parties working nearby are informed of the presence of these chemicals and the location of the MSDSs. Obtain from subcontractors and other parties, lists of the hazardous materials they use or have on-site and identify location of the MSDSs here. List chemicals and quantities below and locate MSDSs in Attachment B of this HASP.

Chemical Name	Concentration (if known)	Chemical Name	Quantity
Waste oil	Unknown	Alconox	< 1 Liter
PCBs (unlikely)	Unknown	HCl	< 1 Liter as sample preservative.
sodium hypochlorite	Unknown	HNO ₃	< 1 Liter as sample preservative.
hydrogen peroxide	Unknown	Isobutylene: calibration grade	< 17 Liters
Acids	Unknown	Compressed air	< 100 Liters
Bases	Unknown		
Hydrogen	Unknown		
Nitrogen	Unknown		
Oxygen	Unknown		
Propane	Unknown		

**OSHA-
SPECIFIC
HAZARDOUS
SUBSTANCES**

The following substances may require specific medical, training, or monitoring based on concentration or evaluation of risk. See the appropriate citation listed under 29 CFR 1910 or 1926 for additional information.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 1910.1001 Asbestos | <input type="checkbox"/> 1910.1002 Coal tar pitch volatiles | <input type="checkbox"/> 1910.1003 4-Nitrobiphenyl, etc. | <input type="checkbox"/> 1910.1004 alpha-Naphthylamine |
| <input type="checkbox"/> 1910.1005 [Reserved] | <input type="checkbox"/> 1910.1006 Methyl chloromethyl ether | <input type="checkbox"/> 1910.1007 3,3'-Dichlorobenzidine (and its salts) | <input type="checkbox"/> 1910.1008 bis-Chloromethyl ether |
| <input type="checkbox"/> 1910.1009 beta-Naphthylamine | <input type="checkbox"/> 1910.1010 Benzidine | <input type="checkbox"/> 1910.1011 4-Aminodiphenyl | <input type="checkbox"/> 1910.1012 Ethyleneimine |
| <input type="checkbox"/> 1910.1013 beta-Propiolactone | <input type="checkbox"/> 1910.1014 2-Acetylaminofluorene | <input type="checkbox"/> 1910.1015 4-Dimethylaminoazobenzene | <input type="checkbox"/> 1910.1016 N-Nitrosodimethylamine |
| <input type="checkbox"/> 1910.1017 Vinyl chloride | <input type="checkbox"/> 1910.1018 Inorganic arsenic | <input type="checkbox"/> 1910.1025 Lead (Att. FLD# 46) | <input type="checkbox"/> 1910.1027 Cadmium |
| <input type="checkbox"/> 1910.1028 Benzene | <input type="checkbox"/> 1910.1029 Coke oven emissions | <input type="checkbox"/> 1910.1043 Cotton dust | <input type="checkbox"/> 1910.1044 1,2-Dibromo-3-chloropropane |
| <input type="checkbox"/> 1910.1045 Acrylonitrile | <input type="checkbox"/> 1910.1047 Ethylene oxide | <input type="checkbox"/> 1910.1048 Formaldehyde | <input type="checkbox"/> 1910.1050 Methylenedianiline |
| <input type="checkbox"/> 1910.1051 1,3 Butadiene | <input type="checkbox"/> 1910.1052 Methylene chloride | | |

Comments: NO pressurized cylinders will be sampled. Information on the cylinder will be documented and photos will be collected.

Revised 02/1998

HEALTH AND SAFETY EVALUATION-2 BIOLOGICAL HAZARDS OF CONCERN-FORM 5

☒ Poisonous Plants (FLD 43)

Location/Task No(s): Exterior of buildings/01, 02

Source: ☐ Known ☒ Suspect

Route of Exposure: ☐ Inhalation ☐ Ingestion
☒ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☒ No

Immunization required: ☐ Yes ☒ No

☒ Insects (FLD 43)

Location/Task No(s): Exterior of buildings/ 01, 02

Source: ☐ Known ☒ Suspect

Route of Exposure: ☐ Inhalation ☐ Ingestion
☐ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☒ No

Immunization required: ☐ Yes ☒ No

☒ Snakes, Reptiles (FLD 43)

Location/Task No(s): Site/all task

Source: ☐ Known ☒ Suspect

Route of Exposure: ☐ Inhalation ☐ Ingestion
☐ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☒ No

Immunization required: ☐ Yes ☒ No

☒ Animals (FLD 43)

Location/Task No(s): Site/all task

Source: ☐ Known ☒ Suspect

Route of Exposure: ☐ Inhalation ☐ Ingestion
☐ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☒ No

Immunization required: ☐ Yes ☒ No

FLD 43 — WESTON Biohazard Field Operating Procedures: Att. OP ☐

☐ Sewage

Location/Task No(s):

Source: ☐ Known ☐ Suspect

Route of Exposure: ☐ Inhalation ☐ Ingestion
☐ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☐ No

Immunization required: ☐ Yes ☐ No

Tetanus Vaccination within Past 10 yrs: ☐ Yes ☐ No

☐ Etiologic Agents (List)

Location/Task No(s):

Source: ☐ Known ☐ Suspect

Route of Exposure: ☐ Inhalation ☐ Ingestion
☐ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☐ No

Immunization required: ☐ Yes ☐ No

FLD 44 — WESTON Bloodborne Pathogens Exposure Control Plan – First Aid Procedures: Att. OP ☒

FLD 45 — WESTON Bloodborne Pathogens Exposure Control Plan – Working with Infectious Waste: Att. OP ☐

Revised 02/1998

HEALTH AND SAFETY EVALUATION-3 RADIATION HAZARDS OF CONCERN FORM 6

NONIONIZING RADIATION

Task No.	Type of Nonionizing Radiation	Source On-Site	TLV/PEL	Wavelength Range	Control Measures	Monitoring Instrument
01-05	Ultraviolet	sunlight			Proper PPE and sunscreen	
	Infrared					
	Radio Frequency					
	Microwave					
	Laser					

IONIZING RADIATION

Task No.	Radionuclide	Major Radiations	Radioactive Half-Life (Years)	DAC (μCi/mL)			Surface Contamination Limit	Monitoring Instrument
				D	W	Y		

Revised 02/1998

HEALTH AND SAFETY EVALUATION 4 PHYSICAL HAZARDS OF CONCERN FORM 7

Phy. Haz. Cond.	Physical Hazard	Attach OP	WESTON OP Titles
Loud noise	Hearing loss/disruption of communication	<input type="checkbox"/>	FLD01 - Noise Protection
Inclement weather	Rain/humidity/cold/ice/snow/lightning	<input checked="" type="checkbox"/>	FLD02 - Inclement Weather
Steam heat stress	Burns/displaced oxygen/wet working surfaces	<input type="checkbox"/>	FLD03 - Hot Process - Steam
Heat stress	Burns/hot surfaces/low pressure steam	<input type="checkbox"/>	FLD04 - Hot Process - LT3
Ambient heat stress	Heat rash/cramps/exhaustion/heat stroke	<input checked="" type="checkbox"/>	FLD05 - Heat Stress Prevention/Monitoring
Cold stress	Hypothermia/frostbite	<input checked="" type="checkbox"/>	FLD06 - Cold Stress
Cold/wet	Trench/paddy/immersion foot/edema	<input type="checkbox"/>	FLD07 - Wet Feet
Confined spaces	Falls/burns/drowning/engulfment/electrocution	<input type="checkbox"/>	FLD08 - Confined Space Entry
Explosive vapors	Thermal burns/impaction/dismemberment	<input type="checkbox"/>	FLD09 - Hot Work
Improper lifting	Back strain/abdomen/arm/leg muscle/joint injury	<input type="checkbox"/>	FLD10 - Manual Lifting/Handling Heavy Objects
Uneven surfaces	Vehicle accidents/slips/trips/falls	<input checked="" type="checkbox"/>	FLD11 - Rough Terrain
Poor housekeeping	Slips/trips/falls/punctures/cuts/fires	<input checked="" type="checkbox"/>	FLD12 - Housekeeping
Structural integrity	Crushing/overhead hazards/compromised floors	<input checked="" type="checkbox"/>	FLD13 - Structural Integrity
Hostile persons	Bodily injury	<input checked="" type="checkbox"/>	FLD14 - Site Security
Remote area	Slips/trips/falls/back strain/communication	<input type="checkbox"/>	FLD15 - Remote Area
Improper cyl. handling	Mechanical injury/fire/explosion/suffocation	<input checked="" type="checkbox"/>	FLD16 - Pressure Systems - Compressed Gases
Water hazards	Poor visibility/entanglement/drowning/cold stress	<input type="checkbox"/>	FLD17 - Diving
Water hazards	Drowning/heat/cold stress/hypothermia/falls	<input type="checkbox"/>	FLD18 - Operation and Use of Boats
Water hazards	Drowning/frostbite/hypothermia/falls/electrocution	<input type="checkbox"/>	FLD19 - Working Over Water
Vehicle hazards	Struck by vehicle/collision	<input type="checkbox"/>	FLD20 - Traffic
Explosions	Explosion/fire/thermal burns	<input type="checkbox"/>	FLD21 - Explosives
Moving mechanical parts	Crushing/pinch points/overhead hazards/electrocution	<input type="checkbox"/>	FLD22 - Heavy Equipment Operation
Moving mech. parts	Overhead hazards/electrocution	<input type="checkbox"/>	FLD23 - Cranes/Lifting Equipment Operation
Working at elevation	Overhead hazards/falls/electrocution	<input type="checkbox"/>	FLD24 - Aerial Lifts/Manlifts
Working at elevation	Overhead hazards/falls/electrocution	<input checked="" type="checkbox"/>	FLD25 - Working at Elevation
Working at elevation	Overhead hazards/falls/electrocution/slips	<input checked="" type="checkbox"/>	FLD26 - Ladders
Working at elevation	Slips/trips/falls/overhead hazards	<input type="checkbox"/>	FLD27 - Scaffolding
Trench cave-in	Crushing/falling/overhead hazards/suffocation	<input type="checkbox"/>	FLD28 - Excavating/Trenching
Improper material handling	Back injury/crushing from load shifts	<input checked="" type="checkbox"/>	FLD29 - Materials Handling
Physiochemical	Explosions/fires from oxidizing, flam/corr. material	<input type="checkbox"/>	FLD30 - Hazardous Materials Use/Storage
Physiochemical	Fire and explosion	<input type="checkbox"/>	FLD31 - Fire Prevention/Response Plan Required
Physiochemical	Fire	<input checked="" type="checkbox"/>	FLD32 - Fire Extinguishers Required
Structural integrity	Overhead/electrocution/slips/trips/falls/fire	<input type="checkbox"/>	FLD33 - Demolition
Electrical	Electrocution/shock/thermal burns	<input type="checkbox"/>	FLD34 - Utilities
Electrical	Electrocution/shock/thermal burns	<input checked="" type="checkbox"/>	FLD35 - Electrical Safety
Burns/fires	Heat stress/fires/burns	<input type="checkbox"/>	FLD36 - Welding/Cutting/Burning
Impact/thermal	Thermal burns/high pressure impaction/heat stress	<input type="checkbox"/>	FLD37 - High Pressure Washers
Impaction/electrical	Smashing body parts/pinching/cuts/electrocution	<input checked="" type="checkbox"/>	FLD38 - Hand and Power Tools
Poor visibility	Slips/trips/falls	<input checked="" type="checkbox"/>	FLD39 - Illumination
Fire/explosion	Burns/impaction	<input type="checkbox"/>	FLD40 - Storage Tank Removal/Decommissioning
Communications	Disruption of communications	<input type="checkbox"/>	FLD41 - Std. Hand/Emergency Signals
Energy/release	Unexpected release of energy	<input type="checkbox"/>	FLD42 - Lockout/Tagout
Logging/ground clearing/grubbing activities	Operations associated with felling/moving of trees/brush/logs	<input type="checkbox"/>	FLD47 - Clearing, Grubbing, and Logging Operations
Drilling hazards	Electrocution/overhead hazards/pinch points	<input type="checkbox"/>	1.6 - Drilling Safety Guide

Revised 06/2000

TASK-BY-TASK RISK ASSESSMENT FORM 8
(COMPLETE ONE SHEET FOR EACH TASK)

TASK DESCRIPTION

Task 01: START personnel will accompany EPA and MDEQ personnel in a walkthrough of facility buildings in order to screen for respiratory hazards and note locations for sampling.

EQUIPMENT REQUIRED/USED

(Be specific, e.g. hand tools, heavy equipment, instruments, PPE)

SCBA(if needed), Multirae air monitor, Digital camera, Saranex chemical suit, latex gloves, nitrile gloves, Draeger pump, benzene draeger tubes, logbook, marker, flashlight.

POTENTIAL HAZARDS/RISKS

Chemical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level? Previous investigations by WESTON and EPA personnel have noted numerous tanks, drums, and containers, of known and unknown contents, with breached containment. Awareness of potential on-site chemicals and their properties, appropriate use of PPE and air monitoring, attention to surroundings, and use of the "Buddy System" will reduce the risk of exposure.

Physical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level? Lighting may be insufficient and the site is not secured. Physical hazards include slip/trip/fall hazards. Awareness of potential hazards, use of the "Buddy System", and careful observation of surroundings will minimize risks. Proper nutrition and hydration are important factors for maintaining physical strength and mental awareness during field work regardless of the season or site conditions.

Biological

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level? Biological hazards common to the Great Lakes area may be encountered in exterior portions of the property. Risks will be minimized by awareness, avoidance of potential hazards, and use of appropriate work clothes/PPE.

RADIOLOGICAL

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level? Site background does not indicate that radiation sources are present. However, the potential for radiation sources will be investigated, and radiation monitoring will be conducted. Proper monitoring and avoidance will minimize the risk of exposure.

LEVELS OF PROTECTION/JUSTIFICATION

Level B PPE will be used initially for air monitoring to clear the buildings for Level C or Level D entry.

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

FLD 02, 05, 06, 11, 12, 13, 14, 16, 25, 26, 29, 32, 39

TASK-BY-TASK RISK ASSESSMENT FORM 8
(COMPLETE ONE SHEET FOR EACH TASK)

TASK DESCRIPTION

Task 02: START personnel will collect samples from multiple depths from on-site AST No. 2, containing waste oil and taloe.

EQUIPMENT REQUIRED/USED

(Be specific, e.g., hand tools, heavy equipment, instruments, PPE)

Multirae air monitor, Digital camera, safety harness, lanyard, Tyvek overalls, latex gloves, nitrile gloves, Draeger pump, benzene draeger tubes, logbook, marker, flashlight, bailer, hand auger, auger extensions, sample jars.

POTENTIAL HAZARDS/RISKS

Chemical

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level? Contents of AST No. 2 are characterized as waste oil and taloe. Awareness of potential on-site chemicals and their properties, appropriate use of PPE and air monitoring, attention to surroundings, and use of the "Buddy System" will reduce the risk of exposure.

Physical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level? AST No. 2 is approximately 30 feet high. Physical hazards include slip/trip/fall hazards. Awareness of potential hazards, use of a safety harness and lanyard, use of the "Buddy System", and careful observation of surroundings will minimize risks. Proper nutrition and hydration are important factors for maintaining physical strength and mental awareness during field work regardless of the season or site conditions.

Biological

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level? Biological hazards common to the Great Lakes area may be encountered in exterior portions of the property. Risks will be minimized by awareness, avoidance of potential hazards, and use of appropriate work clothes/PPE.

RADIOLOGICAL

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level? Site background does not indicate that radiation sources are present. However, the potential for radiation sources will be investigated, and radiation monitoring will be conducted. Proper monitoring and avoidance will minimize the risk of exposure.

LEVELS OF PROTECTION/JUSTIFICATION

Level D PPE with fall protection will be used unless air monitoring indicates the presence of volatile organic compounds, in which case, upgrade to Level C or Level B will be available.

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

FLD 02, 06, 11, 12, 13, 14, 25, 26, 29, 32

TASK-BY-TASK RISK ASSESSMENT FORM 8
(COMPLETE ONE SHEET FOR EACH TASK)

TASK DESCRIPTION

Task 03: START personnel will collect samples from AST with acid and caustic material as indicated on the task list. At this time it is undetermined how many drums are to be samples. Tanks will be samples in PPE Level B

EQUIPMENT REQUIRED/USED

(Be specific, e.g., hand tools, heavy equipment, instruments, PPE)

SCBA, Multirae air monitor, safety harness, lanyard, digital camera, Saranex chemical suit, latex gloves, nitrile gloves, Draeger pump, benzene draeger tubes, logbook, marker, flashlight, bailers, sample jars, pH paper.

POTENTIAL HAZARDS/RISKS

Chemical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level? Previous investigations by WESTON and EPA personnel have noted numerous tanks, drums, and containers, of known and unknown contents, with breached containment inside site buildings. The tanks to be sampled are labeled "acid" and "caustic" but their exact contents have not been verified. Awareness of potential on-site chemicals and their properties, appropriate use of PPE and air monitoring, attention to surroundings, and use of the "Buddy System" will reduce the risk of exposure.

Physical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level? The tanks to be sampled are between 10 and 20 feet high. Lighting may be insufficient and the site is not secured. Physical hazards include slip/trip/fall hazards. Awareness of potential hazards, use of fall protection equipment, use of the "Buddy System", and careful observation of surroundings will minimize risks. Proper nutrition and hydration are important factors for maintaining physical strength and mental awareness during field work regardless of the season or site conditions.

Biological

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level? Animals common to the Great Lakes area could be living in abandoned site buildings. Risks will be minimized by awareness, avoidance of potential hazards, and use of appropriate work clothes/PPE.

RADIOLOGICAL

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level? Site background does not indicate that radiation sources are present. However, the potential for radiation sources will be investigated, and radiation monitoring will be conducted. Proper monitoring and avoidance will minimize the risk of exposure.

LEVELS OF PROTECTION/JUSTIFICATION

Level B PPE will be used while accessing tanks/drums of unknown contents. If air monitoring indicates no threats and sampling is of extended duration, downgrade to Level C or modified Level D is available.

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

FLD 05, 06, 11, 12, 13, 14, 25, 26, 29, 32, 39

TASK-BY-TASK RISK ASSESSMENT FORM 8
(COMPLETE ONE SHEET FOR EACH TASK)

TASK DESCRIPTION

Task 04: START personnel will collect samples from 55-gallon drum of unknown contents located in the processing building and the boiler house.

EQUIPMENT REQUIRED/USED

(Be specific, e.g., hand tools, heavy equipment, instruments, PPE)

SCBA, Multirae air monitor, Digital camera, Saranex chemical suit, latex gloves, nitrile gloves, Draeger pump, benzene draeger tubes, logbook, marker, flashlight, drum thieves, disposable scoops, sample jars, pH paper.

POTENTIAL HAZARDS/RISKS

Chemical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level? Previous investigations by WESTON and EPA personnel have noted numerous tanks, drums, and containers, of known and unknown contents, with breached containment. Awareness of potential on-site chemicals and their properties, appropriate use of PPE and air monitoring, attention to surroundings, and use of the "Buddy System" will reduce the risk of exposure.

Physical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level? Lighting may be insufficient and the site is not secured. Physical hazards include slip/trip/fall hazards. Awareness of potential hazards, use of the "Buddy System", and careful observation of surroundings will minimize risks. Proper nutrition and hydration are important factors for maintaining physical strength and mental awareness during field work regardless of the season or site conditions.

Biological

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level? Animals common to the Great Lakes area could be living in abandoned site buildings. Risks will be minimized by awareness, avoidance of potential hazards, and use of appropriate work clothes/PPE.

RADIOLOGICAL

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level? Site background does not indicate that radiation sources are present. However, the potential for radiation sources will be investigated, and radiation monitoring will be conducted. Proper monitoring and avoidance will minimize the risk of exposure.

LEVELS OF PROTECTION/JUSTIFICATION

Level B PPE will be used while accessing drums and container. Downgrade to level C maybe used if the drums had been opened in level B, monitored and the action levels were not detected in the breathing zone. If the action levels are exceeded, continue to sample in Level B.

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

FLD 05, 06, 11, 12, 13, 14, 16, 25, 26, 29, 32, 39

TASK-BY-TASK RISK ASSESSMENT FORM 8
(COMPLETE ONE SHEET FOR EACH TASK)

TASK DESCRIPTION

Task 05: START personnel will collect samples from miscellaneous containers of unknown contents located in the office building.

EQUIPMENT REQUIRED/USED

(Be specific, e.g., hand tools, heavy equipment, instruments, PPE)

SCBA, Multirae air monitor, Digital camera, Saranex chemical suit, latex gloves, nitrile gloves, Draeger pump, benzene draeger tubes, logbook, marker, flashlight, sample jars, pH paper.

POTENTIAL HAZARDS/RISKS

Chemical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level? Previous investigations by WESTON and EPA personnel have noted numerous tanks, drums, cylinders, and containers, of known and unknown contents, some with breached containment. Awareness of potential on-site chemicals and their properties, appropriate use of PPE and air monitoring, attention to surroundings, and use of the "Buddy System" will reduce the risk of exposure.

Physical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level? Lighting may be insufficient and the site is not secured. Physical hazards include slip/trip/fall hazards. Awareness of potential hazards, use of the "Buddy System", and careful observation of surroundings will minimize risks. Proper nutrition and hydration are important factors for maintaining physical strength and mental awareness during field work regardless of the season or site conditions.

Biological

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level? Animals common to the Great Lakes area could be living in abandoned site buildings. Risks will be minimized by awareness, avoidance of potential hazards, and use of appropriate work clothes/PPE.

RADIOLOGICAL

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level? Site background does not indicate that radiation sources are present. However, the potential for radiation sources will be investigated, and radiation monitoring will be conducted. Proper monitoring and avoidance will minimize the risk of exposure.

LEVELS OF PROTECTION/JUSTIFICATION

Level B PPE will be used while accessing containers with unknown contents. Same as Task 4.

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

FLD 05, 06, 11, 12, 13, 14, 16, 25, 26, 29, 32, 39

PERSONNEL PROTECTION PLAN FORM 9

Engineering Controls

Describe Engineering Controls used as part of Personnel Protection Plan:

Task(s)

All During Task 01, discuss the plan of action in detail prior to entry and document the plan of action. For the acid and caustic tanks use proper shielding to reduce exposure. Determine the amount of wind and wind direction.

Administrative Controls

Describe Administrative Controls used as part of Personnel Protection Plan:

Task(s)

All Appropriate Work Zone Delineation. All Field Personnel: 40-Hour OSHA Health and Safety (H&S) Training, 8-Hour OSHA H&S Refresher Training (As Needed), Medical Monitoring Clearance. SHSC: 8-Hour SHSC training, First Aid, Bloodborne Pathogens, And Adult Cardiopulmonary Resuscitation (CPR) Training, and Extensive Field Experience.

Personal Protective Equipment

Action Levels for Changing Levels of Protection. Refer to HASP Form 13, Site Air Monitoring Program—Action Levels. Define Action Levels for up or down grade for each task:

Task(s)

01 Level B initially, downgrade to Level D if indicated by air monitoring.
 02 Level C/D with fall protection
 03 -05 Level B, with fall protection when necessary.

DESCRIPTION OF LEVELS OF PROTECTION

Level D	Level D Modified
Task(s): 01 (if indicated by air monitoring), 02 <input checked="" type="checkbox"/> Head Hard hat <input checked="" type="checkbox"/> Eye and Face Safety glasses <input type="checkbox"/> Hearing <input type="checkbox"/> Arms and Legs Only <input checked="" type="checkbox"/> Appropriate Work Uniform <input checked="" type="checkbox"/> Hand – Gloves (as appropriate) latex <input checked="" type="checkbox"/> Foot - Safety Boots <input checked="" type="checkbox"/> Fall Protection – Task 02 Safety harness and lanyard <input type="checkbox"/> Flotation <input type="checkbox"/> Other	Task(s): <input type="checkbox"/> Head <input type="checkbox"/> Eye and Face <input type="checkbox"/> Hearing <input type="checkbox"/> Arms and Legs Only <input type="checkbox"/> Whole Body <input type="checkbox"/> Apron <input type="checkbox"/> Hand - Gloves <input type="checkbox"/> Gloves <input type="checkbox"/> Gloves <input type="checkbox"/> Foot - Safety Boots <input type="checkbox"/> Over Boots

DESCRIPTION OF LEVELS OF PROTECTION FORM 10

Level C	Level B
Task(s): 01, 02, 03 (if indicated by air monitoring)	Task(s): 01, 03 - 05
<input checked="" type="checkbox"/> Head	<input checked="" type="checkbox"/> Head Hard hat
<input type="checkbox"/> Eye and Face	<input type="checkbox"/> Eye and Face
<input type="checkbox"/> Hearing	<input type="checkbox"/> Hearing
<input type="checkbox"/> Arms and Legs Only	<input type="checkbox"/> Arms and Legs Only
<input checked="" type="checkbox"/> Whole Body Saranex	<input checked="" type="checkbox"/> Whole Body Saranex
<input type="checkbox"/> Apron	<input type="checkbox"/> Apron
<input checked="" type="checkbox"/> Hand - Gloves	<input checked="" type="checkbox"/> Hand - Gloves
<input checked="" type="checkbox"/> Gloves latex	<input checked="" type="checkbox"/> Gloves Latex
<input checked="" type="checkbox"/> Gloves nitrile	<input checked="" type="checkbox"/> Gloves Nitrile
<input checked="" type="checkbox"/> Foot - Safety Boots	<input checked="" type="checkbox"/> Foot - Safety Boots
<input checked="" type="checkbox"/> Outer Boots	<input checked="" type="checkbox"/> Outer Boots
<input type="checkbox"/> Boots (Other)	<input checked="" type="checkbox"/> Boots (Other)
<input type="checkbox"/> Half Face	<input type="checkbox"/> SAR - Airline
<input type="checkbox"/> Cart./Canister	<input checked="" type="checkbox"/> SCBA
<input checked="" type="checkbox"/> Full Face	<input type="checkbox"/> Comb. Airline/SCBA
<input checked="" type="checkbox"/> Cart./Canister P-100	<input type="checkbox"/> Cascade System
<input type="checkbox"/> PAPR	<input type="checkbox"/> Compressor
<input type="checkbox"/> Cart./Canister	<input checked="" type="checkbox"/> Fall Protection Task 03, if nec.
<input type="checkbox"/> Type C	<input type="checkbox"/> Flotation
<input checked="" type="checkbox"/> Fall Protection Task 02, 03, if nec	<input type="checkbox"/> Other
<input type="checkbox"/> Flotation	
<input type="checkbox"/> Other	

SITE OR PROJECT HAZARD MONITORING PROGRAM FORM 11

Air Monitoring Instruments

Instrument Selection and Initial Check Record

Reporting Format: ☐ Field Notebook ☐ Field Data Sheets* ☐ Air Monitoring Log ☐ Trip Report ☐ Other

Instrument	Task No.(s)	Number Required	Number Received	Checked Upon Receipt	Comment	Initials
<input type="checkbox"/> CGI				<input type="checkbox"/>		
<input type="checkbox"/> O ₂				<input type="checkbox"/>		
<input type="checkbox"/> CGI/O ₂				<input type="checkbox"/>		
<input checked="" type="checkbox"/> CGI/O ₂ /tox-PPM, H ₂ S, H ₂ S/CO (Multirae)	01 - 05	1		<input type="checkbox"/>		
<input checked="" type="checkbox"/> RAD				<input type="checkbox"/>		
<input checked="" type="checkbox"/> GM (Pancake)	01	1		<input type="checkbox"/>		
<input type="checkbox"/> NaI (Micro R)				<input type="checkbox"/>		
<input type="checkbox"/> ZnS (Alpha Scintillator)				<input type="checkbox"/>		
<input type="checkbox"/> Other _____				<input type="checkbox"/>		
<input checked="" type="checkbox"/> PID				<input type="checkbox"/>		
<input type="checkbox"/> HNu 10.2				<input type="checkbox"/>		
<input type="checkbox"/> HNu 11.7				<input type="checkbox"/>		
<input type="checkbox"/> Photovac, TMA				<input type="checkbox"/>		
<input type="checkbox"/> OVM				<input type="checkbox"/>		
<input checked="" type="checkbox"/> Other <u>Multirae</u>	01 - 05	1		<input type="checkbox"/>		
<input type="checkbox"/> FID				<input type="checkbox"/>		
<input type="checkbox"/> Fox 128				<input type="checkbox"/>		
<input type="checkbox"/> Heath, AID, Other				<input type="checkbox"/>		
<input type="checkbox"/> RAM, Mini-RAM, Other _____				<input type="checkbox"/>		
<input type="checkbox"/> Monitox				<input type="checkbox"/>		
Specify: _____				<input type="checkbox"/>		
<input type="checkbox"/> Personal Sampling				<input type="checkbox"/>		
Specify: _____				<input type="checkbox"/>		
<input type="checkbox"/> Bio-Aerosol Monitor				<input type="checkbox"/>		
<input checked="" type="checkbox"/> Pump - MSA, Dräger, Sensidyne	01 - 05	1		<input type="checkbox"/>		
<input type="checkbox"/> Tubes/type: <u>acid</u>	01, 03 - 05	3 box		<input type="checkbox"/>		
<input checked="" type="checkbox"/> Tubes/type: <u>benzene</u>	01- 05	3 box		<input type="checkbox"/>		
<input type="checkbox"/> Other _____				<input type="checkbox"/>		

*Refer to Attachment E

Revised 02/1998

SITE OR PROJECT HAZARD MONITORING PROGRAM FORM 12

Air Monitoring Instruments Calibration Record

[illegible]

Revised 02/1998

SITE AIR MONITORING PROGRAM FORM 13

Action Levels

These Action Levels, if not defined by regulation, are some percent (usually 50%) of the applicable PEL/TLV/REL. That number must also be adjusted to account for instrument response factors.

	Tasks	Action Level		Action
<input checked="" type="checkbox"/> Explosive atmosphere	All	Ambient Air Concentration	Confined Space Concentration	
		<10% LEL	0 to 1% LEL	Work may continue. Consider toxicity potential.
		10 to 25% LEL	1 to 10% LEL	Work may continue. Increase monitoring frequency.
		>25% LEL	>10% LEL	Work must stop. Ventilate area before returning.
<input checked="" type="checkbox"/> Oxygen	All	Ambient Air Concentration	Confined Space Concentration	
		<19.5% O ₂	<19.5% O ₂	Leave area. Re-enter only with self-contained breathing apparatus.
		19.5% to 25% O ₂	19.5% to 23.5% O ₂	Work may continue. Investigate changes from 21%.
		>25% O ₂	>23.5% O ₂	Work must stop. Ventilate area before returning.
<input checked="" type="checkbox"/> Radiation	01	< 3 times background 3 times background to < 1 mR/hour > 1 mrem/hour		Continue work. Radiation above background levels (normally 0.01-0.02 mR/hr) signifies possible radiation source(s) present. Continue investigation with caution. Perform thorough monitoring. Consult with a Health Physicist. Potential radiation hazard. Evacuate site. Continue investigation only upon the advice of Health Physicist.
<input checked="" type="checkbox"/> Organic gases and vapors	All	Organic Acids: Action Level is >5 ppm of acid (nonspecific), as indicated by a change of color from gray to yellow or yellowish pink on an acid draeger tube. Organic (nonacid): < 1 unit above background 1 to 5 units above background > 5 units above background		Once there is color change, exit the site for reevaluation and re-enter in level C. Level D, continue air monitoring Upgrade-Level C, continue air monitoring Upgrade to Level B
<input checked="" type="checkbox"/> Inorganic gases, vapors, and particulates	All	Acid Draeger Tubes -Changes in color at 5 ppm Action Level > 5.0 ppm HCl - yellowish pink Formic Acid - yellow Phosphoric Acid - yellow Hydrofluoric Acid - yellowish Pink no visible dust (< 2.5 mg/m ³) visible dust (≥ 2.5 mg/m ³) Inorganic gas/vapor same as for organic gases and vapors		Once there is color change, exit the site for reevaluation and re-enter in level C. Continue work, monitor air visually. Initiate dust suppression and/or evacuate affected area, Same actions as for organic gases and vapors.

Revised 02/1

CONTINGENCIES FORM 14

Emergency Contacts and Phone Numbers

Agency	Contact	Phone Number
Local Medical Emergency Facility (LMF)	Detroit Receiving Hospital	(313) 745-3356
WESTON Medical Emergency Contact	EMR - Dr. Elyane Theriault	1-800-229-3674
WESTON Health and Safety	Corporate Health and Safety	(610) 701-3000
Fire Department	Detroit Engine 37	911
Police Department	Detroit 4 th Precinct	(313) 596-5400 or 911
On-Site Coordinator- SHSC	Rebecca Nemirvsky	(313) 989-2534
Client Site Contact	EPA OSC <i>ROSS POWERS</i>	<i>734-612-5609</i> TBD
Site Telephone	START mobile <i>SARAH MEYER</i>	<i>414-517-4429</i> TBD
Nearest Telephone	START mobile	TBD

Local Medical Emergency Facility(s)

Name of Hospital: Detroit Receiving Hospital

Address: **Detroit Receiving Hospital**
 4201 St. Antoine, Detroit, MI 48201
 Phone: (313) 745-3356 ER

Phone No.: 313-745-3356

Name of Contact: Info

Phone No.: 313-745-3000

Type of Service: <input type="checkbox"/> Physical trauma only <input type="checkbox"/> Chemical exposure only <input checked="" type="checkbox"/> Physical trauma and chemical exposure <input checked="" type="checkbox"/> Available 24 hours	DIRECTIONS	DISTANCE	Travel time from site:
	1: Start out going Northwest on MILITARY ST towards HUSSAR ST by turning left.	0.17 miles	<u>10 minutes</u>
	2: Turn LEFT onto FORT ST W/MI-3.	0.07 miles	<u>Distance to hospital:</u>
	3: Turn RIGHT onto DRAGOON ST.	0.06 miles	<u>6.12 miles</u>
	4: Turn RIGHT onto FISHER FRWY W.	0.03 miles	<u>Name/no. of 24-hr ambulance service:</u>
	5: Turn SLIGHT LEFT to take the I-75 N ramp.	0.16 miles	<u>011</u>
	6: Merge onto I-75 N.	3.98 miles	
	7: Take the I-75 N/I-375 S exit towards DOWNTOWN/FLINT.	0.22 miles	
	8: Take the I-75 N exit on the left towards FLINT.	0.25 miles	
	9: Merge onto I-75 N:	0.37 miles	
	10: Take the exit- exit number 52- towards MACK AVE.	0.16 miles	
	11: Stay straight to go onto CHRYSLER DR.	0.04 miles	
	12: Turn LEFT onto MACK AVE.	0.28 miles	
	13: Turn RIGHT onto ST ANTOINE ST.	0.01 miles	
	14: ST ANTOINE ST becomes BEAUBIEN ST.	0.25 miles	
	15: BEAUBIEN ST becomes ST ANTOINE ST.	0.06 miles	
	Total Estimated Time: 10 minutes Total Distance: 6.12 miles		
Secondary or Specialty Service Provider			
Name of Hospital: St. John Riverview			
Address: 7733 E. Jefferson St., Detroit, MI 48201		Phone No.: (313) 499-4150 info	
Name of Contact: Emergency Room		Phone No.: (313) 499-4999 ER	

Type of Service: <input type="checkbox"/> Physical trauma only <input type="checkbox"/> Chemical exposure only <input checked="" type="checkbox"/> Physical trauma and chemical exposure <input checked="" type="checkbox"/> Available 24 hours	Route to Hospital (written detail): <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 60%;">Directions</th> <th style="text-align: left; width: 40%;">Distance</th> </tr> </thead> <tbody> <tr> <td>1: Start out going Northwest on MILITARY ST towards HUSSAR ST by turning left.</td> <td>0.2 miles</td> </tr> <tr> <td>2: Turn LEFT onto FORT ST W.</td> <td>0.1 miles</td> </tr> <tr> <td>3: Turn RIGHT onto DRAGOON ST.</td> <td>0.1 miles</td> </tr> <tr> <td>4: Turn RIGHT onto FISHER FRWY W.</td> <td>0.0 miles</td> </tr> <tr> <td>5: Turn SLIGHT LEFT to take the I-75 N ramp.</td> <td>0.2 miles</td> </tr> <tr> <td>6: Merge onto I-75 N.</td> <td>4.0 miles</td> </tr> <tr> <td>7: Take the I-75 N/I-375 S exit towards DOWNTOWN/FLINT.</td> <td>0.2 miles</td> </tr> <tr> <td>8: Take the I-375 S exit towards DOWNTOWN.</td> <td>0.2 miles</td> </tr> <tr> <td>9: Merge onto I-375 S.</td> <td>0.4 miles</td> </tr> <tr> <td>10: Take the exit towards JEFFERSON AVE EAST.</td> <td>0.1 miles</td> </tr> <tr> <td>11: Stay straight to go onto CHRYSLER DR.</td> <td>0.1 miles</td> </tr> <tr> <td>12: Turn LEFT onto E JEFFERSON AVE.</td> <td>2.3 miles</td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; border: 1px solid black;">Total Distance:</td> <td style="width: 50%; border: 1px solid black;">7.9 miles</td> </tr> <tr> <td style="border: 1px solid black;">Estimated Time:</td> <td style="border: 1px solid black;">17 minutes</td> </tr> </table> </div>	Directions	Distance	1: Start out going Northwest on MILITARY ST towards HUSSAR ST by turning left.	0.2 miles	2: Turn LEFT onto FORT ST W.	0.1 miles	3: Turn RIGHT onto DRAGOON ST.	0.1 miles	4: Turn RIGHT onto FISHER FRWY W.	0.0 miles	5: Turn SLIGHT LEFT to take the I-75 N ramp.	0.2 miles	6: Merge onto I-75 N.	4.0 miles	7: Take the I-75 N/I-375 S exit towards DOWNTOWN/FLINT.	0.2 miles	8: Take the I-375 S exit towards DOWNTOWN.	0.2 miles	9: Merge onto I-375 S.	0.4 miles	10: Take the exit towards JEFFERSON AVE EAST.	0.1 miles	11: Stay straight to go onto CHRYSLER DR.	0.1 miles	12: Turn LEFT onto E JEFFERSON AVE.	2.3 miles	Total Distance:	7.9 miles	Estimated Time:	17 minutes	Travel time from site: <u>17 min</u> Distance to hospital: <u>7.9</u> Name/no. of 24-hr ambulance service: <u>911 /</u>
Directions	Distance																															
1: Start out going Northwest on MILITARY ST towards HUSSAR ST by turning left.	0.2 miles																															
2: Turn LEFT onto FORT ST W.	0.1 miles																															
3: Turn RIGHT onto DRAGOON ST.	0.1 miles																															
4: Turn RIGHT onto FISHER FRWY W.	0.0 miles																															
5: Turn SLIGHT LEFT to take the I-75 N ramp.	0.2 miles																															
6: Merge onto I-75 N.	4.0 miles																															
7: Take the I-75 N/I-375 S exit towards DOWNTOWN/FLINT.	0.2 miles																															
8: Take the I-375 S exit towards DOWNTOWN.	0.2 miles																															
9: Merge onto I-375 S.	0.4 miles																															
10: Take the exit towards JEFFERSON AVE EAST.	0.1 miles																															
11: Stay straight to go onto CHRYSLER DR.	0.1 miles																															
12: Turn LEFT onto E JEFFERSON AVE.	2.3 miles																															
Total Distance:	7.9 miles																															
Estimated Time:	17 minutes																															
Figure 1. Route to Hospital (Draw map to hospital here if space permits or attach on next sheet.)																																
Revised 02/1998																																

FIGURE 1 - ROUTE TO HOSPITAL (MAP)-FORM 15

See Attached.

CONTINGENCIES FORM 16

Response Plans

Medical - General Provide first aid, if trained; assess and determine need for further medical assistance. Transport or arrange for transport after appropriate decontamination.	First Aid Kit: Yes	Type: First Responder with eyewash and BBP kit	Location: WESTON vehicle	Special First-Aid Procedures: Cyanides on-site <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, contact LMF. Do they have antidote kit? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Eyewash required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type	Location	HF on-site <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, need neutralizing ointment for first-aid kit. Contact LMF.
	Shower required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type	Location	

Plan for Response to Spill/Release		Plan for Response to Fire/Explosion		Fire Extinguishers
In the event of a spill or release, ensure safety, assess situation, and perform containment and control measures, as appropriate.	a. Cleanup per MSDSs if small; or sound alarm, call for assistance, notify Emergency Coordinator b. Evacuate to pre-determined safe place c. Account for personnel d. Determine if team can respond safely e. Mobilize per Site Spill Response Plan	In the event of a fire or explosion, ensure personal safety, assess situation, and perform containment and control measures, as appropriate:	a. Sound alarm and call for assistance, notify Emergency Coordinator b. Evacuate to predetermined safe place c. Account for personnel d. Use fire extinguisher <u>only if safe and trained</u> in its use e. Stand by to inform emergency responders of materials and conditions	Type/Location ABC/START vehicle / / / / / /

Description of Spill Response Gear _____ _____ _____	Location _____ _____ _____	Description (Other Fire Response Equipment) _____ _____ _____	Location _____ _____ _____
--	--	---	--

Plan to Respond to Security Problems Call 911 from site phone or cellular phone.

Revised 02/1998

DECONTAMINATION PLAN FORM 17

Personnel Decontamination

Consistent with the levels of protection required, step-by-step procedures for personnel decontamination for each level of protection are attached.

Levels of Protection Required for Decontamination Personnel

The levels of protection required for personnel assisting with decontamination will be:

☐

Level B

☐

Level C

☒

Level D

Modifications include:

Nitrile gloves

Disposition of Decontamination Wastes

Provide a description of waste disposition, including identification of storage area, hauler, and final disposal site, if applicable:

Decontamination waste generated by WESTON is anticipated to be PPE only. PPE will be stored in trashbags and disposed appropriately.

Equipment Decontamination

A procedure for decontamination steps required for non-sampling equipment and heavy machinery follows:

If WESTON equipment requires decontamination, it will be wiped down with a paper towel soaked in an alconox water wash and rinsed with distilled water.

Sampling Equipment Decontamination

Sampling equipment will be decontaminated in accordance with the following procedure:

All non-disposable sampling equipment will be washed in alconox water wash, rinsed with distilled water, and allowed to air dry.

Revised 02/1998

LEVEL D/MODIFIED LEVEL D DECONTAMINATION PLAN FORM 18

Check indicated functions or add steps, as necessary:

Function

Description of Process, Solution, and Container

☒ Segregated equipment drop

Drop equipment in a designated decon area for decontamination.

☒ Boot cover and glove wash

Remove any excess material generated.

☐ Boot cover and glove rinse

☒ Tape removal - outer glove and boot

If necessary and place in a trash bag.

☒ Boot cover removal

If necessary and place in a trash bag.

☒ Outer glove removal

If necessary and place in a trash bag.

HOTLINE

☐ Suit/safety boot wash

☐ Suit/boot/glove rinse

☐ Safety boot removal

☒ Suit removal

If necessary and place in a trash bag.

☐ Inner glove wash

☐ Inner glove rinse

☒ Inner glove removal

If necessary and place in a trash bag.

☐ Inner clothing removal

CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY

☒ Field wash

Wash hands and face with soap and water as soon as possible and before eating or drinking or other hand to mouth contact.

☐ Redress

Disposal Plan, End of Day:

Trash bag(s) with PPE will be closed and staged in a secure area.

Disposal Plan, End of Week:

Trash bag(s) with PPE will be staged in a secure area.

Disposal Plan, End of Project:

Material will be stored in an appropriately permitted landfill.

left in site, labeled, inside building.

Revised 02/1998

LEVEL C DECONTAMINATION PLAN FORM 19

Check indicated functions or add steps, as necessary:

Function	Description of Process, Solution, and Container
<input checked="" type="checkbox"/> Segregated equipment drop	Drop equipment in a designated decon area for decontamination.
<input checked="" type="checkbox"/> Boot cover and glove wash	Remove any excess material generated.
<input type="checkbox"/> Boot cover and glove rinse	
<input checked="" type="checkbox"/> Tape removal - outer glove and boot	If necessary and place in a trash bag.
<input checked="" type="checkbox"/> Boot cover removal	If necessary and place in a trash bag.
<input checked="" type="checkbox"/> Outer glove removal	If necessary and place in a trash bag.

HOTLINE

<input type="checkbox"/> Suit/safety boot wash	
<input type="checkbox"/> Suit/boot/glove rinse	
<input type="checkbox"/> Safety boot removal	
<input checked="" type="checkbox"/> Suit removal	If necessary and place in a trash bag.
<input type="checkbox"/> Inner glove wash	
<input type="checkbox"/> Inner glove rinse	
<input checked="" type="checkbox"/> Facepiece removal	If necessary and place in a trash bag.
<input checked="" type="checkbox"/> Inner glove removal	If necessary and place in a trash bag.
<input type="checkbox"/> Inner clothing removal	

CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY

<input checked="" type="checkbox"/> Field wash	Wash hands and face with soap and water as soon as possible and before eating or drinking or other hand to mouth contact.
<input type="checkbox"/> Redress	

Disposal Plan, End of Day:

Trash bag(s) with PPE will be closed and staged in a secure area.

Disposal Plan, End of Week:

Trash bag(s) with PPE will staged in a secure area.

Disposal Plan, End of Project:

Material will be stored in an appropriately permitted landfill.

Revised 02/1998

LEVEL B DECONTAMINATION PLAN FORM 20

Check indicated functions or add steps, as necessary:

Function**Description of Process, Solution, and Container**

- ☐ Segregated equipment drop
- ☐ Boot cover and glove wash
- ☐ Boot cover and glove rinse
- ☐ Tape removal - outer glove and boot
- ☐ Boot cover removal
- ☐ Outer glove removal

HOTLINE

- ☐ Suit/safety boot wash
- ☐ Suit/SCBA/boot/glove rinse
- ☐ Safety boot removal
- ☐ Remove SCBA backpack without disconnecting
- ☐ Splash suit removal
- ☐ Inner glove wash
- ☐ Inner glove rinse
- ☐ SCBA disconnect and facepiece removal
- ☐ Inner glove removal
- ☐ Inner clothing removal

CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY

- ☐ Field wash
- ☐ Redress

Disposal Plan, End of Day:

Trash bag(s) with PPE will be closed and staged in a secure area.

Disposal Plan, End of Week:

Trash bag(s) with PPE will be staged in a secure area.

Disposal Plan, End of Project:

Material will be stored in an appropriately permitted landfill.

Revised 02/1998

SITE PERSONNEL AND CERTIFICATION STATUS FORM 21

WESTON

Name: Rebecca Nemirovsky Title: Asst. Proj. Scientist Task(s): All Certification Level or Description: <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input checked="" type="checkbox"/> Fit Test Current (Qual.) <input checked="" type="checkbox"/> Fit Test Current (Quant.)	Name: Sarah Meyer Title: Site Leader Task(s): All Certification Level or Description: <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input checked="" type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)

TRAINING CURRENT - Training: All personnel, including visitors, entering the exclusion or contamination reduction zones must have certifications of completion of training in accordance with OSHA 29 CFR 1910, 29 CFR 1926, or 29 CFR 1910.120.

FIT TEST CURRENT - Respirator Fit Testing: All persons, including visitors, entering any area requiring the use or potential use of any negative pressure respirator must have had, as a minimum, a qualitative fit test, administered in accordance with OSHA 29 CFR 1910.134 or ANSI, within the last 12 months. If site conditions require the use of a full-face, negative-pressure, air-purifying respirator for protection from asbestos or lead, employees must have had a qualitative fit test, administered according to OSHA 29 CFR 1910.1001 or 1025/1926, within the last 6 months.

MEDICAL CURRENT - Medical Monitoring Requirements: All personnel, including visitors, entering the exclusion or contamination reduction zones must be certified as medically fit to work and to wear a respirator, if appropriate, in accordance with 29 CFR 1910, 29 CFR 1926/1910, or 29 CFR 1910.120.

The Site Health and Safety Coordinator is responsible for verifying all certifications and fit tests.

Revised 02/1998

SITE PERSONNEL AND CERTIFICATION STATUS FORM 22

Subcontractor's Health and Safety Program Evaluation

Name of Subcontractor: None
Address:

Activities To Be Conducted by Subcontractor:

Evaluation Criteria

<p>Medical program meets OSHA/WESTON criteria</p> <p><input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p> <p>Comments:</p>	<p>Personal protective equipment available</p> <p><input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p> <p>Comments:</p>	<p>On-site monitoring equipment available, calibrated, and operated properly</p> <p><input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p> <p>Comments:</p>
<p>Safe working procedures clearly specified</p> <p><input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p> <p>Comments:</p>	<p>Training meets OSHA/WESTON criteria</p> <p><input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p> <p>Comments:</p>	<p>Emergency procedures</p> <p><input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p> <p>Comments:</p>
<p>Decontamination procedures</p> <p><input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p> <p>Comments:</p>	<p>General health and safety program evaluation</p> <p><input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p> <p>Comments:</p>	<p>Additional comments:</p> <p><input type="checkbox"/> Subcontractor has agreed to and will conform with the WESTON HASP for this project.</p> <p><input type="checkbox"/> Subcontractor will work under his own HASP, which has been accepted by project PM.</p>

Evaluation Conducted by:

Date:

Subcontractor

<p>Name:</p> <p>Title:</p> <p>Task(s):</p> <p>Certification Level or Description:</p> <p><input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)</p>	<p>Name:</p> <p>Title:</p> <p>Task(s):</p> <p>Certification Level or Description:</p> <p><input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)</p>
<p>Name:</p> <p>Title:</p> <p>Task(s):</p> <p>Certification Level or Description:</p> <p><input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)</p>	<p>Name:</p> <p>Title:</p> <p>Task(s):</p> <p>Certification Level or Description:</p> <p><input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)</p>
<p>Name:</p> <p>Title:</p> <p>Task(s):</p> <p>Certification Level or Description:</p> <p><input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)</p>	<p>Name:</p> <p>Title:</p> <p>Task(s):</p> <p>Certification Level or Description:</p> <p><input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)</p>

Revised 02/1998

TRAINING AND BRIEFING TOPICS FORM 24

The following items will be covered at the site-specific training meeting, daily or periodically.

<input type="checkbox"/> Site characterization and analysis, Sec. 3.0, 29 CFR 1910.120 I	<input type="checkbox"/> Level A
<input checked="" type="checkbox"/> Physical hazards, HASP Form 07	<input checked="" type="checkbox"/> Level B
<input checked="" type="checkbox"/> Chemical hazards, HASP Form 04	<input checked="" type="checkbox"/> Level C
<input checked="" type="checkbox"/> Animal bites, stings, and poisonous plants	<input checked="" type="checkbox"/> Level D
<input type="checkbox"/> Etiologic (infectious) agents	<input checked="" type="checkbox"/> Monitoring, 29 CFR 1910.120 (h)
<input checked="" type="checkbox"/> Site control, 29 CFR 1910.120 d	<input checked="" type="checkbox"/> Decontamination, 29 CFR 1910.120 (k)
<input type="checkbox"/> Engineering controls and work practices, 29 CFR 1910.120 (g)	<input type="checkbox"/> Emergency response, 29 CFR 1910.120 (l)
<input type="checkbox"/> Heavy machinery	<input type="checkbox"/> Elements of an emergency response, 29 CFR 1910.120 (l)
<input type="checkbox"/> Forklift	<input type="checkbox"/> Procedures for handling site emergency incidents, 29 CFR 1910.120 (l)
<input type="checkbox"/> Backhoe	<input type="checkbox"/> Off-site emergency response, 29 CFR 1910.120 (l)
<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Handling drums and containers, 29 CFR 1910.120 (j)
<input type="checkbox"/> Tools	<input checked="" type="checkbox"/> Opening drums and containers
<input type="checkbox"/> Ladder, 29 CFR 1910.27 (d)/29 CFR 1926	<input type="checkbox"/> Electrical material handling equipment
<input type="checkbox"/> Overhead and underground utilities	<input type="checkbox"/> Radioactive waste
<input type="checkbox"/> Scaffolds	<input type="checkbox"/> Shock-sensitive waste
<input type="checkbox"/> Structural integrity	<input checked="" type="checkbox"/> Laboratory waste packs
<input type="checkbox"/> Unguarded openings - wall, floor, ceilings	<input checked="" type="checkbox"/> Sampling drums and containers
<input checked="" type="checkbox"/> Pressurized air cylinders	<input type="checkbox"/> Shipping and transport, 49 CFR 172.101, IATA
<input checked="" type="checkbox"/> Personal protective equipment, 29 CFR 1910.120 (g); 29 CFR 1910.134	<input checked="" type="checkbox"/> Tank and vault procedures
<input checked="" type="checkbox"/> Respiratory protection, 29 CFR 1910.120 (g); ANSI Z88.2	<input checked="" type="checkbox"/> Illumination, 29 CFR 1910.120 (m)
<input type="checkbox"/>	<input type="checkbox"/> Sanitation, 29 CFR 1910.120 (n)
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Revised 02/1998

**ATTACHMENT A
CHEMICAL CONTAMINANTS DATA SHEETS-FORM 25**

*(Attach completed HASP Form 25
[H&S—1 Chemical Hazards Form]
or attach appropriate data sheets.)*

Click [here](#) to go to Form 25

**Division of Facilities Services**

DOD Hazardous Material Information (ANSI Format) For Cornell University Convenience Only

SODIUM HYPOCHLORITE SOLUTION

<u>Section 1 - Product and Company Identification</u>	<u>Section 9 - Physical & Chemical Properties</u>
<u>Section 2 - Composition/Information on Ingredients</u>	<u>Section 10 - Stability & Reactivity Data</u>
<u>Section 3 - Hazards Identification Including Emergency Overview</u>	<u>Section 11 - Toxicological Information</u>
<u>Section 4 - First Aid Measures</u>	<u>Section 12 - Ecological Information</u>
<u>Section 5 - Fire Fighting Measures</u>	<u>Section 13 - Disposal Considerations</u>
<u>Section 6 - Accidental Release Measures</u>	<u>Section 14 - MSDS Transport Information</u>
<u>Section 7 - Handling and Storage</u>	<u>Section 15 - Regulatory Information</u>
<u>Section 8 - Exposure Controls & Personal Protection</u>	<u>Section 16 - Other Information</u>

The information in this document is compiled from information maintained by the United States Department of Defense (DOD). Anyone using this information is solely responsible for the accuracy and applicability of this information to a particular use or situation.

Cornell University does not in any way warrant or imply the applicability, viability or use of this information to any person or for use in any situation.

Section 1 - Product and Company Identification SODIUM HYPOCHLORITE SOLUTION

Product Identification: SODIUM HYPOCHLORITE SOLUTION

Date of MSDS: 01/01/1987 **Technical Review Date:** 03/24/1999

FSC: 6810 **NIIN:** 00-900-6276

Submitter: D DG

Status Code: C

MFN: 01

Article: N

Kit Part: N

Manufacturer's Information

Manufacturer's Name: HERBERT-VERKAMP-CALVERT CHEMICAL COMPANY

Manufacturer's Address1:

Manufacturer's Address2: N/P, NK 00000

Manufacturer's Country: NK
General Information Telephone:
Emergency Telephone: 513-874-9261
Emergency Telephone: 513-874-9261
MSDS Preparer's Name: N/P
Proprietary: N
Reviewed: Y
Published: Y
CAGE: 5P576
Special Project Code: N

Item Description

Item Name: SODIUM HYPOCHLORITE SOLUTION
Item Manager: S9G
Specification Number: NK
Type/Grade/Class: NK
Unit of Issue: CN **Quantitative Expression:** 00000000005GL
Unit of Issue Quantity: 1
Type of Container: CAN

Contractor Information

Contractor's Name: HERBERT-VERKAMP-CALVERT CHEMICAL COMPANY
Contractor's Address1: UNKNOWN
Contractor's Address2: UNKNOWN, NK 00000
Contractor's Telephone: UNKNOWN
Contractor's CAGE: 5P576

Section 2 - Composition/Information on Ingredients

SODIUM HYPOCHLORITE SOLUTION

Ingredient Name: SODIUM HYPOCHLORITE (SARA III)
Ingredient CAS Number: 7681-52-9 **Ingredient CAS Code:** M
RTECS Number: NH3486300 **RTECS Code:** M
=WT: =WT Code:
=Volume: =Volume Code:
>WT: >WT Code:
>Volume: >Volume Code:
<WT: <WT Code:
<Volume: <Volume Code:
% Low WT: % Low WT Code:
% High WT: % High WT Code:
% Low Volume: % Low Volume Code:
% High Volume: % High Volume Code:
% Text: N/P
% Environmental Weight:
Other REC Limits: N/P
OSHA PEL: NOT ESTABLISHED **OSHA PEL Code:** M
OSHA STEL: OSHA STEL Code:

ACGIH TLV: NOT ESTABLISHED ACGIH TLV Code: M

ACGIH STEL: N/P ACGIH STEL Code:

EPA Reporting Quantity: 100 LBS

DOT Reporting Quantity: 100 LBS

Ozone Depleting Chemical: N

Section 3 - Hazards Identification, Including Emergency Overview
SODIUM HYPOCHLORITE SOLUTION

Health Hazards Acute & Chronic: N/P

Signs & Symptoms of Overexposure:

INHALATION: BREATHING DIFFICULTY, NAUSEA, RESPIRATORY TRACK IRRITATION;
SKIN/EYE: IRRITATION, BURNS; INGESTION: NAUSEA, VOMITING, IRRITATION &
BURNS.

Medical Conditions Aggravated by Exposure:

N/P

LD50 LC50 Mixture: N/P

Route of Entry Indicators:

Inhalation: N/P

Skin: N/P

Ingestion: N/P

Carcenogenicity Indicators

NTP: N/P

IARC: N/P

OSHA: N/P

Carcinogenicity Explanation: N/P

Section 4 - First Aid Measures
SODIUM HYPOCHLORITE SOLUTION

First Aid:

INHALATION: REMOVE TO FRESH AIR. CONTACT: IMMEDIATELY FLUSH EYES OR
SKIN WITH PLENTY OF WATER. REMOVE CONTAMINATED CLOTHING & SHOWER.
INGESTION: KEEP PATIENT QUIET, GET MED ATTN.

Section 5 - Fire Fighting Measures
SODIUM HYPOCHLORITE SOLUTION

Fire Fighting Procedures:

KEEP CONTAINERS COOL TO PREVENT RELEASE OF CHLORINE GAS.

Unusual Fire or Explosion Hazard:

EXPOSURE TO HEAT WILL INCREASE DECOMPOSITION OF PRODUCT INTO CHLORINE
GAS. MAY ACT AS AN OXIDIZER.

Extinguishing Media:

NONE

Flash Point: Flash Point Text: NONE

Autoignition Temperature:**Autoignition Temperature Text:** N/A**Lower Limit(s):****Upper Limit(s):**

Section 6 - Accidental Release Measures
SODIUM HYPOCHLORITE SOLUTION

Spill Release Procedures:

CONTAIN THE SPILL. REUSE MATERIAL IF POSSIBLE. NEUTRALIZE BEFORE FLUSHING TO SEWERS.

Section 7 - Handling and Storage
SODIUM HYPOCHLORITE SOLUTION

Handling and Storage Precautions:**Other Precautions:**

Section 8 - Exposure Controls & Personal Protection
SODIUM HYPOCHLORITE SOLUTION

Respiratory Protection:

NO SPECIAL REQMENTS UNDER ORDINARY CONDITIONS/ADEQUATE VENTILATION.

Ventilation:

MECHANICAL(GENERAL) RECOMMENDED,LOCAL EXHAUST IF NEEDED

Protective Gloves:

RUBBER

Eye Protection: SAFETY/CHEM GOGGLES

Other Protective Equipment: RUBBER APRON, SAFETY SHOWERS SHOULD BE PRESENT

Work Hygenic Practices: N/P

Supplemental Health & Safety Information: MSDS UNDATED PRODUCT IS SIMILIAR TO HOUSEHOLD BLEACH, SUCH AS CHLOROX. SPEC GRADE A

Section 9 - Physical & Chemical Properties
SODIUM HYPOCHLORITE SOLUTION

HCC: B1

NRC/State License Number:

Net Property Weight for Ammo:

Boiling Point: =100.C, 212.F **Boiling Point Text:** APPROX

Melting/Freezing Point: **Melting/Freezing Text:** N/A

Decomposition Point: **Decomposition Text:** N/A

Vapor Pressure: N/A **Vapor Density:** N/A

Percent Volatile Organic Content:

Specific Gravity: 1.223

Volatile Organic Content Pounds per Gallon:

pH: N/P

Volatile Organic Content Grams per Liter:

Viscosity: N/P

Evaporation Weight and Reference: N/A

Solubility in Water: COMPLETE

Appearance and Odor: YELLOW LIQUID W/ CHLORINE ODOR

Percent Volatiles by Volume: N/A

Corrosion Rate: N/P

Section 10 - Stability & Reactivity Data
SODIUM HYPOCHLORITE SOLUTION

Stability Indicator: NO

Materials to Avoid:

ACIDS, AMMONIA, ORGANIC MATERIALS, REDUCING AGENTS

Stability Condition to Avoid:

HIGH TEMPERATURES.

Hazardous Decomposition Products:

CHLORINE GAS & OXYGEN

Hazardous Polymerization Indicator: NO

Conditions to Avoid Polymerization:

N/A

Section 11 - Toxicological Information
SODIUM HYPOCHLORITE SOLUTION

Toxicological Information:

N/P

Section 12 - Ecological Information
SODIUM HYPOCHLORITE SOLUTION

Ecological Information:

N/P

Section 13 - Disposal Considerations
SODIUM HYPOCHLORITE SOLUTION

Waste Disposal Methods:

NEUTRALIZE ADDING 1 PINT OF 35% HYDROGEN PEROXIDE/5 LBS. OF BLEACH. THEN ADJUST PH TO 7 W/DILUTE ACID. FLUSH TO SEWER. FOLLOW ALL LOCAL, STATE & FEDERAL REGULATIONS.

Section 14 - MSDS Transport Information
SODIUM HYPOCHLORITE SOLUTION

Transport Information:

N/P

Section 15 - Regulatory Information
SODIUM HYPOCHLORITE SOLUTION

SARA Title III Information:

N/P

Federal Regulatory Information:

N/P

State Regulatory Information:

N/P

Section 16 - Other Information
SODIUM HYPOCHLORITE SOLUTION

Other Information:

N/P

HMIS Transportation Information

Product Identification: SODIUM HYPOCHLORITE SOLUTION
Transportation ID Number: 90903
Responsible Party CAGE: 5P576
Date MSDS Prepared: 01/01/1987
Date MSDS Reviewed: 11/15/1999
MFN: 11/15/1999
Submitter: D DG
Status Code: C

Container Information

Unit of Issue: CN
Container Quantity: 1
Type of Container: CAN
Net Unit Weight: 45 LBS

Article without MSDS: N
Technical Entry NOS Shipping Number:
Radioactivity:
Form:
Net Explosive Weight:
Coast Guard Ammunition Code:
Magnetism: N/P
AF MMAC Code:
DOD Exemption Number:
Limited Quantity Indicator:
Multiple Kit Number: 0
Kit Indicator: N
Kit Part Indicator: N
Review Indicator: Y
Additional Data:
CARGO AIR ONLY.

Department of Transportation Information

DOT Proper Shipping Name: HYPOCHLORITE SOLUTION
DOT PSN Code: HNU
Symbols:
DOT PSN Modifier:
Hazard Class: 8
UN ID Number: UN1791
DOT Packaging Group: III
Label: 8
Special Provision(s): B104,N34,T7
Packaging Exception: 154
Non Bulk Packaging: 203
Bulk Packaging: 241
Maximum Quantity in Passenger Area: 5 L
Maximum Quantity in Cargo Area: 60 L
Stow in Vessel Requirements: B
Requirements Water/Sp/Other: 26

IMO Detail Information

IMO Proper Shipping Name: HYPOCHLORITE SOLUTION
IMO PSN Code: IKL
IMO PSN Modifier:
IMDG Page Number: 8186
UN Number: 1791
UN Hazard Class: 8
IMO Packaging Group: II/III
Subsidiary Risk Label: -
EMS Number: 8-08
Medical First Aid Guide Number: 741

IATA Detail Information

IATA Proper Shipping Name: HYPOCHLORITE SOLUTION +
IATA PSN Code: NYC
IATA PSN Modifier:
IATA UN Id Number: 1791
IATA UN Class: 8
Subsidiary Risk Class:
UN Packaging Group: III
IATA Label: CORROSIVE
Packaging Note for Passengers: 819
Maximum Quantity for Passengers: 5L
Packaging Note for Cargo: 821
Maximum Quantity for Cargo: 60L
Exceptions:

AFI Detail Information

AFI Proper Shipping Name: HYPOCHLORITE SOLUTIONS
AFI Symbols:
AFI PSN Code: NYC
AFI PSN Modifier: WITH MORE THAN 5% BUT LESS THAN 16% AVAILABLE CHLORINE
AFI UN Id Number: UN1791
AFI Hazard Class: 8
AFI Packing Group: III
AFI Label:
Special Provisions: P5, N34
Back Pack Reference: A12.3

HAZCOM Label Information

Product Identification: SODIUM HYPOCHLORITE SOLUTION
CAGE: 5P576
Assigned Individual: N
Company Name: HERBERT-VERKAMP-CALVERT CHEMICAL COMPANY
Company PO Box:
Company Street Address1: UNKNOWN
Company Street Address2: UNKNOWN, NK 00000 NK
Health Emergency Telephone: 513-874-9261
Label Required Indicator: Y
Date Label Reviewed: 03/02/1999
Status Code: C
Manufacturer's Label Number:

Date of Label: 12/16/1998
Year Procured: N/K
Organization Code: G
Chronic Hazard Indicator: N/P
Eye Protection Indicator: YES
Skin Protection Indicator: YES
Respiratory Protection Indicator: YES
Signal Word: WARNING
Health Hazard: Moderate
Contact Hazard: Moderate
Fire Hazard: None
Reactivity Hazard: None

8/8/2002 12:57:23 AM

**Division of Facilities Services****DOD Hazardous Material Information (ANSI Format)
For Cornell University Convenience Only****PROPANE**

<u>Section 1 - Product and Company Identification</u>	<u>Section 9 - Physical & Chemical Properties</u>
<u>Section 2 - Composition/Information on Ingredients</u>	<u>Section 10 - Stability & Reactivity Data</u>
<u>Section 3 - Hazards Identification Including Emergency Overview</u>	<u>Section 11 - Toxicological Information</u>
<u>Section 4 - First Aid Measures</u>	<u>Section 12 - Ecological Information</u>
<u>Section 5 - Fire Fighting Measures</u>	<u>Section 13 - Disposal Considerations</u>
<u>Section 6 - Accidental Release Measures</u>	<u>Section 14 - MSDS Transport Information</u>
<u>Section 7 - Handling and Storage</u>	<u>Section 15 - Regulatory Information</u>
<u>Section 8 - Exposure Controls & Personal Protection</u>	<u>Section 16 - Other Information</u>

The information in this document is compiled from information maintained by the United States Department of Defense (DOD). Anyone using this information is solely responsible for the accuracy and applicability of this information to a particular use or situation.

Cornell University does not in any way warrant or imply the applicability, viability or use of this information to any person or for use in any situation.

Section 1 - Product and Company Identification**PROPANE****Product Identification:** PROPANE**Date of MSDS:** 01/01/1987 **Technical Review Date:** 04/06/1988**FSC:** 6810 **NIIN:** LIIN: 00F006223**Submitter:** F BT**Status Code:** C**MFN:** 01**Article:** N**Kit Part:** N**Manufacturer's Information****Manufacturer's Name:** BERNZOMATIC/MEDINA, NY 14103**Manufacturer's Address1:****Manufacturer's Address2:** N/P, NK 00000

Manufacturer's Country: NK
General Information Telephone:
Emergency Telephone: (716) 798-4949
Emergency Telephone: (716) 798-4949
MSDS Preparer's Name: N/P
Proprietary: N
Reviewed: Y
Published: Y
CAGE: FO189
Special Project Code: N

Contractor Information

Contractor's Name: BERNZOMATIC CORP
Contractor's Address1: ONE BERNZ O MATIC DRIVE
Contractor's Address2: MEDINA, NY 14103-1648
Contractor's Telephone: 716-798-4949
Contractor's CAGE: 70785

Contractor Information

Contractor's Name: BERNZOMATIC/MEDINA, NY 14103
Contractor's Address1: UNKNOWN
Contractor's Address2: UNKNOWN, NK 00000
Contractor's Telephone: UNKNOWN
Contractor's CAGE: FO189

Section 2 - Compositon/Information on Ingredients **PROPANE**

Ingredient Name: PROPANE
Ingredient CAS Number: 74-98-6 **Ingredient CAS Code:** M
RTECS Number: TX2275000 **RTECS Code:** M
=WT: =WT Code:
=Volume: =Volume Code:
>WT: >WT Code:
>Volume: >Volume Code:
<WT: <WT Code:
<Volume: <Volume Code:
% Low WT: % Low WT Code:
% High WT: % High WT Code:
% Low Volume: % Low Volume Code:
% High Volume: % High Volume Code:
% Text: 100%
% Enviromental Weight:
Other REC Limits: N/P
OSHA PEL: 1000 PPM **OSHA PEL Code:** M
OSHA STEL: **OSHA STEL Code:**
ACGIH TLV: ASPHYXIANT; 9192 **ACGIH TLV Code:** M
ACGIH STEL: N/P **ACGIH STEL Code:**

EPA Reporting Quantity:
DOT Reporting Quantity:
Ozone Depleting Chemical: N

Section 3 - Hazards Identification, Including Emergency Overview**PROPANE**

Health Hazards Acute & Chronic: N/P

Signs & Symptoms of Overexposure:

CONTACT W/LIQUID PROPANE MAY CAUSE FROST BURNS. HIGH CONCENTRATIONS MAY CAUSE HEADACHES/DROWSINESS

Medical Conditions Aggravated by Exposure:

N/P

LD50 LC50 Mixture: N/P

Route of Entry Indicators:

Inhalation: N/P

Skin: N/P

Ingestion: N/P

Carcinogenicity Indicators

NTP: N/P

IARC: N/P

OSHA: N/P

Carcinogenicity Explanation: N/P

Section 4 - First Aid Measures**PROPANE**

First Aid:

INHALATION: REMOVE EXPOSED PERSON FROM CONTAMINATED AREA.

Section 5 - Fire Fighting Measures**PROPANE**

Fire Fighting Procedures:

USE WATER TO COOL TANKS. AUTO IGNITION TEMP. 842F.

Unusual Fire or Explosion Hazard:

>AIR (VAPOR DENSITY 1.5) MAY TRAVEL A CONSIDERABLE DISTANCE TO A SOURCE OF IGNITION & FLASHBACK.

Extinguishing Media:

STOP FLOW OF GAS OR OXYGEN.

Flash Point: Flash Point Text: -156F (CC)

Autoignition Temperature:

Autoignition Temperature Text: N/A

Lower Limit(s): 2.1%

Upper Limit(s): 9.5%

Section 6 - Accidental Release Measures
PROPANE

Spill Release Procedures:**REMOVE IGNITION SOURCES & VENTILATE AREA.**

Section 7 - Handling and Storage
PROPANE

Handling and Storage Precautions:**Other Precautions:**

Section 8 - Exposure Controls & Personal Protection
PROPANE

Respiratory Protection:**NOT REQUIRED WITH NORMAL USE.****Ventilation:****N/K****Protective Gloves:****NOT REQUIRED****Eye Protection: NOT REQUIRED****Other Protective Equipment: NOT REQUIRED****Work Hygienic Practices: N/P****Supplemental Health & Safety Information: MSDS DATE: 5/13/86**

Section 9 - Physical & Chemical Properties
PROPANE

HCC:**NRC/State License Number:****Net Property Weight for Ammo:****Boiling Point: Boiling Point Text: -44F****Melting/Freezing Point: Melting/Freezing Text: N/A****Decomposition Point: Decomposition Text: N/A****Vapor Pressure: 197 Vapor Density: 1.56****Percent Volatile Organic Content:****Specific Gravity: .51****Volatile Organic Content Pounds per Gallon:****pH: N/P****Volatile Organic Content Grams per Liter:****Viscosity: N/P****Evaporation Weight and Reference: N/K****Solubility in Water: NOT SOLUBLE****Appearance and Odor: COLORLESS - ROTTEN EGG ODOR.****Percent Volatiles by Volume: N/K****Corrosion Rate: N/P**

Section 10 - Stability & Reactivity Data
PROPANE

Stability Indicator: YES**Materials to Avoid:**

N/K

Stability Condition to Avoid:

N/K

Hazardous Decomposition Products:

NONE

Hazardous Polymerization Indicator: NO

Conditions to Avoid Polymerization:

N/K

Section 11 - Toxicological Information
PROPANE

Toxicological Information:

N/P

Section 12 - Ecological Information
PROPANE

Ecological Information:

N/P

Section 13 - Disposal Considerations
PROPANE

Waste Disposal Methods:

VENT GAS TO ATMOSPHERE IN FLAME FREE, SPARK FREE AREA OUTDOORS.

Section 14 - MSDS Transport Information
PROPANE

Transport Information:

N/P

Section 15 - Regulatory Information
PROPANE

SARA Title III Information:

N/P

Federal Regulatory Information:

N/P

State Regulatory Information:

N/P

Section 16 - Other Information
PROPANE

Other Information:

N/P

HAZCOM Label Information

Product Identification: PROPANE

CAGE: FO189

Assigned Individual: Y

Company Name: BERNZOMATIC/MEDINA, NY 14103

Company PO Box:

Company Street Address1: UNKNOWN

Company Street Address2: UNKNOWN, NK 00000 NK

Health Emergency Telephone: (716) 798-4949

Label Required Indicator: Y

Date Label Reviewed: 12/16/1998
Status Code: C
Manufacturer's Label Number:
Date of Label: 12/16/1998
Year Procured: N/K
Organization Code: G
Chronic Hazard Indicator: N/P
Eye Protection Indicator: N/P
Skin Protection Indicator: N/P
Respiratory Protection Indicator: N/P
Signal Word: N/P
Health Hazard:
Contact Hazard:
Fire Hazard:
Reactivity Hazard:

8/8/2002 7:57:15 AM

NTP CHEMICAL REPOSITORY
PCB-1260-IDENTIFIERS
=====

*CATALOG ID NUMBER: 000526

*CAS NUMBER: 11096-82-5

*BASE CHEMICAL NAME: PCB-1260

*PRIMARY NAME: PCB-1260

*CHEMICAL FORMULA:

*STRUCTURAL FORMULA:

*WLN: Not available

*SYNONYMS:

AROCLOR 1260

CHLORODIPHENYL (60 PERCENT CL)

AROCHLOR 1260

POLYCHLORINATED BIPHENYL 1260

PCB 1260

-PHYSICAL CHEMICAL DATA
=====

*PHYSICAL DESCRIPTIONS: Viscous oily liquid.

*MOLECULAR WEIGHT: Not available

*SPECIFIC GRAVITY: 1.4

*DENSITY: Not available

*MP (DEG C): Not available

*BP (DEG C): 385-420

*SOLUBILITIES:

WATER : Not available

DMSO : Not available

95% ETHANOL : Not available

METHANOL : Not available

ACETONE : Not available

TOLUENE : Not available

OTHER SOLVENTS: Not available

*VOLATILITY : Not available

*FLAMMABILITY (FLASH POINT):

286 F degrees: fires involving this chemical should be extinguished with water, foam, carbon dioxide and/or dry chemical.

*UEL: Not available

LEL: Not available

*REACTIVITY: Not available

*STABILITY: This compound is very stable under normal laboratory conditions.

*OTHER PHYSICAL DATA: Not available

-TOXICITY

=====

*NIOSH REGISTRY NUMBER: TQ1362000

*TOXICITY: (abbreviations)

typ. dose	mode	specie	amount	unit	other
LD50	orl	rat	1315	mg/kg	
LDLo	skn	rbr	2000	mg/kg	

*AQTX/TLM96: Not available

*SAX TOXICITY EVALUATION: THR: Moderate via oral and dermal routes.

*CARCINOGENICITY:

Tumorigenic Data:

TDLo: TDLo: orl-rat 4380 mg/kg/83W-C

Review: IARC Cancer Review: Human Limited Evidence

IARC Cancer Review: Animal Sufficient Evidence

IARC probable human carcinogen (Group 2A) [610]

Status: EPA Carcinogen Assessment Group [610]

NTP anticipated human carcinogen [610]

*MUTAGENICITY: cyt-rat-orl 1080 mg/kg/26W-C

*TERATOGENICITY:

orl-rat TDLo:1675 mg/kg (MGN)

orl-mus TDLo:74 mg/kg (62D pre/1-10D preg)

scu-mus TDLo:143 mg/kg (21D post)

*STANDARDS, REGULATIONS & RECOMMENDATIONS:

OSHA: None

ACGIH: None

NIOSH Criteria Document: Recommended Exposure Limit to this compound-air:

TWA 0.001 mg/m3 [610]

NFPA Hazard Rating: Health (H): None

Flammability (F): None

Reactivity (R): None

*OTHER TOXICITY DATA:

Review: Toxicology Review-4

-OTHER DATA (Regulatory)

=====

*PROPER SHIPPING NAME (IATA): Polychlorinated biphenyls

*UN/ID NUMBER: UN2315

*HAZARD CLASS: 9 SUBSIDIARY RISK: None PACKING GROUP: II

*LABELS REQUIRED: Miscellaneous

*PACKAGING: PASSENGER: PKG. INSTR.: 907 MAXIMUM QUANTITY: 100 L
 CARGO : PKG. INSTR.: 907 MAXIMUM QUANTITY: 220 L

*SPECIAL PROVISIONS: None

*USES: Not available

*COMMENTS: Not available

-HANDLING PROCEDURES
=====

*ACUTE/CHRONIC HAZARDS:
Toxic irritant. Hazardous decomposition products.

*MINIMUM PROTECTIVE CLOTHING:
If Tyvek-type disposable protective clothing is not worn during handling of this chemical, wear disposable Tyvek-type sleeves taped to your gloves.

*RECOMMENDED GLOVE MATERIALS:
Permeation data indicate that Viton gloves may provide protection to contact with this compound. Viton over latex gloves is recommended. However, if this chemical makes direct contact with your gloves, or if a tear, hole or puncture develops, remove them at once.

*RECOMMENDED RESPIRATOR:
Where the neat test chemical is weighed and diluted, wear a NIOSH-approved half face respirator equipped with a combination filter cartridge, i.e. organic vapor/acid gas/HEPA (specific for organic vapors, HCl, acid gas, SO₂ and a high efficiency particulate filter).

*OTHER:
Since this chemical is a known or suspected carcinogen you should contact a physician for advice regarding the possible long term health effects and potential recommendation for medical monitoring. Recommendations from the physician will depend upon the specific compound, its chemical, physical and toxicity properties, the exposure level, length of exposure, and the route of exposure.

*STORAGE PRECAUTIONS:
You should protect this material from exposure to light, and store it in a refrigerator.

*SPILLS AND LEAKAGE:
If you should spill this chemical, use absorbent paper to pick up all liquid spill material. Your contaminated clothing and absorbent paper should be sealed in a vapor-tight plastic bag for eventual disposal. Solvent wash all contaminated surfaces with acetone followed by washing with a strong soap and water solution. Do not reenter the contaminated area until the Safety Officer (or other responsible person) has verified that the area has been properly cleaned.

*DISPOSAL AND WASTE TREATMENT:
You should dispose of all waste and contaminated materials associated with this chemical as specified by existing local, state and federal regulations concerning hazardous waste disposal. It is suggested that your contaminated materials should be destroyed

by incineration in a special, high temperature (>2000 degrees F), chemical incinerator facility.

-EMERGENCY PROCEDURES

=====

*SKIN CONTACT:

IMMEDIATELY flood affected skin with water while removing and isolating all contaminated clothing. Gently wash all affected skin areas thoroughly with soap and water.

IMMEDIATELY call a hospital or poison control center even if no symptoms (such as redness or irritation) develop.

IMMEDIATELY transport the victim to a hospital for treatment after washing the affected areas.

*INHALATION:

IMMEDIATELY leave the contaminated area; take deep breaths of fresh air. IMMEDIATELY call a physician and be prepared to transport the victim to a hospital even if no symptoms (such as wheezing, coughing, shortness of breath, or burning in the mouth, throat, or chest) develop.

Provide proper respiratory protection to rescuers entering an unknown atmosphere. Whenever possible, Self-Contained Breathing Apparatus (SCBA) should be used; if not available, use a level of protection greater than or equal to that advised under Respirator Recommendation.

*EYE CONTACT:

First check the victim for contact lenses and remove if present. Flush victim's eyes with water or normal saline solution for 20 to 30 minutes while simultaneously calling a hospital or poison control center.

Do not put any ointments, oils, or medication in the victim's eyes without specific instructions from a physician.

IMMEDIATELY transport the victim after flushing eyes to a hospital even if no symptoms (such as redness or irritation) develop.

*INGESTION:

DO NOT INDUCE VOMITING. If the victim is conscious and not convulsing, give 1 or 2 glasses of water to dilute the chemical and IMMEDIATELY call a hospital or poison control center. Be prepared to transport the victim to a hospital if advised by a physician.

If the victim is convulsing or unconscious, do not give anything by mouth, ensure that the victim's airway is open and lay the victim on his/her side with the head lower than the body. DO NOT INDUCE VOMITING. IMMEDIATELY transport the victim to a hospital.

*SYMPTOMS: Not available

*FIREFIGHTING:

This compound is not very flammable but any fire involving this compound may produce dangerous vapors. You should evacuate the area. All firefighters should wear full-body protective clothing and use self-contained breathing apparatuses.

You should extinguish any fires involving this chemical with a dry chemical, carbon dioxide, foam, or halon extinguisher.

-SOURCES

=====

*SOURCES:

Lewis, R.J., Sr. and R.L. Tatken, Eds. Registry of Toxic Effects of Chemical Substances. DHEW (NIOSH) Publication

No. 79-100. National Institute for Occupational Safety and Health. Cincinnati, OH. 1979. TQ1362000.

Sax, N.I. Dangerous Properties of Industrial Materials. 5th Ed. Van Nostrand Reinhold. New York. 1979. PG. 537.

Proctor, N.H. and J.P. Hughes. Chemical Hazards of the Workplace. J.B. Lippincott. Philadelphia. 1978.

Aldrich Chemical Company. Aldrich Catalog/Handbook of Fine Chemicals. Aldrich Chemical Co., Inc. Milwaukee, WI. 1980. NOT LISTED.

Hawley, G.G., Ed. The Condensed Chemical Dictionary. 9th Ed. Van Nostrand Reinhold. New York. 1977.

International Technical Information Institute. Toxic and Hazardous Industrial Chemicals Safety Manual for Handling and Disposal with Toxicity and Hazard Data. International Technical Information Institute. 1978. NOT LISTED.

U.S. Environmental Protection Agency, Office of Toxic Substances. Toxic Substances Control Act Chemical Substances Inventory, Initial Inventory. 6 Vols. U.S. Environmental Protection Agency. Washington, D.C. 1979.

Windholz, M., Ed. The Merck Index. 9th Ed. Merck and Co. Rahway, NJ. 1976. NOT LISTED.

Weast, R.C. and M.A. Astle, Eds. CRC Handbook of Chemistry and Physics. 56th Ed. CRC Press, Inc. Boca Raton, FL. 1976. NOT LISTED.

Steere, N.V., Ed. Handbook of Laboratory Safety. 2nd Ed. CRC Press, Inc. Cleveland, OH. 1971.

[610] Clansky, Kenneth B., Ed. Suspect Chemicals Sourcebook: A Guide to Industrial Chemicals Covered Under Major Federal Regulatory and Advisory Programs. Roytech Publications, Inc. Burlingame, CA. 1990. Section 3, pp. 91, 133.

[620] United States National Toxicology Program. Chemical Status Report. NTP Chemtrack System. Research Triangle Park, NC. November 6, 1990. Not listed.



Division of Facilities Services

DOD Hazardous Material Information (ANSI Format) For Cornell University Convenience Only

NITROGEN; NITROGEN NF

<u>Section 1 - Product and Company Identification</u>	<u>Section 9 - Physical & Chemical Properties</u>
<u>Section 2 - Composition/Information on Ingredients</u>	<u>Section 10 - Stability & Reactivity Data</u>
<u>Section 3 - Hazards Identification Including Emergency Overview</u>	<u>Section 11 - Toxicological Information</u>
<u>Section 4 - First Aid Measures</u>	<u>Section 12 - Ecological Information</u>
<u>Section 5 - Fire Fighting Measures</u>	<u>Section 13 - Disposal Considerations</u>
<u>Section 6 - Accidental Release Measures</u>	<u>Section 14 - MSDS Transport Information</u>
<u>Section 7 - Handling and Storage</u>	<u>Section 15 - Regulatory Information</u>
<u>Section 8 - Exposure Controls & Personal Protection</u>	<u>Section 16 - Other Information</u>

The information in this document is compiled from information maintained by the United States Department of Defense (DOD). Anyone using this information is solely responsible for the accuracy and applicability of this information to a particular use or situation.

Cornell University does not in any way warrant or imply the applicability, viability or use of this information to any person or for use in any situation.

Section 1 - Product and Company Identification

NITROGEN; NITROGEN NF

Product Identification: NITROGEN; NITROGEN NF

Date of MSDS: 08/24/1989 **Technical Review Date:** 07/18/1994

FSC: 6830 **NIIN:** 00-244-2741

Submitter: G AW

Status Code: C

MFN: 01

Article: N

Kit Part: N

Manufacturer's Information

Manufacturer's Name: AIR LIQUIDE AMERICA CORPORATION

Post Office Box: 3047

Manufacturer's Address1: N/K

Manufacturer's Address2: HOUSTON, TX 77253
Manufacturer's Country: US
General Information Telephone: 713-896-2140
Emergency Telephone: 713-896-2140
Emergency Telephone: 713-896-2140
MSDS Preparer's Name: N/K
Proprietary: N
Reviewed: Y
Published: Y
CAGE: AIRLI
Special Project Code: N

Item Description

Item Name: NITROGEN, TECHNICAL
Item Manager:
Specification Number: NK
Type/Grade/Class: NK
Unit of Issue:
Unit of Issue Quantity:
Type of Container: CYLINDER

Contractor Information

Contractor's Name: AIR LIQUIDE AMERICA CORPORATION
Post Office Box: 3047
Contractor's Address1: N/K
Contractor's Address2: HOUSTON, TX 77253
Contractor's Telephone: 713-896-2140
Contractor's CAGE: AIRLI

Section 2 - Composition/Information on Ingredients NITROGEN; NITROGEN NF

Ingredient Name: NITROGEN
Ingredient CAS Number: 7727-37-9 **Ingredient CAS Code:** M
RTECS Number: QW9700000 **RTECS Code:** M
=WT: =WT Code:
=Volume: =Volume Code:
>WT: >WT Code:
>Volume: >Volume Code:
<WT: <WT Code:
<Volume: <Volume Code:
% Low WT: % Low WT Code:
% High WT: % High WT Code:
% Low Volume: % Low Volume Code:
% High Volume: % High Volume Code:
% Text: 100
% Environmental Weight:
Other REC Limits: NONE RECOMMENDED

OSHA PEL: NOT ESTABLISHED OSHA PEL Code: M
OSHA STEL: OSHA STEL Code:
ACGIH TLV: NOT ESTABLISHED ACGIH TLV Code: M
ACGIH STEL: N/P ACGIH STEL Code:
EPA Reporting Quantity:
DOT Reporting Quantity:
Ozone Depleting Chemical: N

Section 3 - Hazards Identification, Including Emergency Overview NITROGEN; NITROGEN NF

Health Hazards Acute & Chronic: NITROGEN IS NONTOXIC, BUT MAY CAUSE SUFFOCATION BY DISPLACING THE OXYGEN IN THE AIR. EXPOSURE TO OXYGEN-DEFICIENT ATMOSPHERES MAY CAUSE DIZZINESS, NAUSEA, VOMITING, DIMINISHED MENTAL ALERTNESS, LOSS OF CONSCIOUSNESS, AND DEATH. IT SHOULD BE RECOGNIZED THAT COLLAPSE & ASPHYXIATION MAY OCCUR WITHOUT EXPERIENCING SYMPTOM.

Signs & Symptoms of Overexposure:
N/K

Medical Conditions Aggravated by Exposure:
N/K

LD50 LC50 Mixture: N/K

Route of Entry Indicators:
Inhalation: YES
Skin: N/P
Ingestion: N/P

Carcinogenicity Indicators
NTP: NO
IARC: NO
OSHA: NO

Carcinogenicity Explanation: N/K

Section 4 - First Aid Measures NITROGEN; NITROGEN NF

First Aid:
PERSONS SUFFERING FROM LACK OF OXYGEN SHOULD BE MOVED INTO FRESH AIR. IF VICTIM IS NOT BREATHING, ADMINISTER ARTIFICIAL RESPIRATION. IF BREATHING IS DIFFICULT, ADMINISTER OXYGEN. OBTAIN PROMPT MEDICAL ATTENTION. SELF CONTAINED BREATHING APPARATUS MAY BE REQUIRED FOR RESCUE WORKERS.

Section 5 - Fire Fighting Measures NITROGEN; NITROGEN NF

Fire Fighting Procedures:
SIMPLE ASPHYXIAN (DISPLACES OXYGEN).IF POSSIBLE,REMOVE NITROGEN CYLINDERS FROM FIRE AREA/COOL W/H2O TO AVOID EXCESS PRESSURE BUILDUP.SCBA

MAY BE REQ'D FOR RESCUERS

Unusual Fire or Explosion Hazard:

PRESSURE CAN BUILD UP DUE TO HEAT & CYLINDER MAY EXPLODE IF PRESSURE RELIEF DEVICES SHOULD FAIL TO RELIEVE PRESSURE.

Extinguishing Media:

MATERIAL IS NONFLAMMABLE. NITROGEN NEITHER BURNS NOR SUPPORTS COMBUSTION. USE EXTINGUISHING MEDIA FOR SURROUNDING FIRE.

Flash Point: Flash Point Text: N/R

Autoignition Temperature:

Autoignition Temperature Text: N/K

Lower Limit(s): N/R

Upper Limit(s): N/R

Section 6 - Accidental Release Measures

NITROGEN; NITROGEN NF

Spill Release Procedures:

EVACUATE UNNEEDED PERSONNEL FROM AREA. SHUT OFF SOURCE IF POSSIBLE. VENT ENCLOSED AREA/REMOVE CYLINDER TO OUTDOOR LOCATION TO PREVENT FORMATION OF OXYGEN-DEFICIENT ATMOSPHERES. IF LEAKING FROM CONTAINER/VALVE, CONTACT CLOSEST BIG THREE INDUSTRIES LOCATION.

Section 7 - Handling and Storage

NITROGEN; NITROGEN NF

Handling and Storage Precautions:

Other Precautions:

Section 8 - Exposure Controls & Personal Protection

NITROGEN; NITROGEN NF

Respiratory Protection:

USE SELF-CONTAINED BREATHING APPARATUS OR POSITIVE PRESSURE AIR LINE WITH MASK IN OXYGEN-DEFICIENT ATMOSPHERES. ADEQUATE TO AVOID LOWERING OXYGEN CONTENT TO BELOW 19.5% (OXYGEN-DEFICIENT ATMOSPHERE).

Ventilation:

LOCAL EXHAUST: YES. MECHANICAL: YES.

Protective Gloves:

N/R

Eye Protection: SAFETY GLASSES RECOMM-HIGH PRESSURE CYLINDERS

Other Protective Equipment: SAFETY SHOES WHEN HANDLING CYLINDERS.

Work Hygienic Practices: N/K

Supplemental Health & Safety Information: ** FURTHER INFORMATION ABOUT NITROGEN CAN BE FOUND IN THE FOLLOW PAMPHLETS PUBLISHED BY: THE COMPRESSED GAS ASSOCIATION (CGA), 1235 JEFFERSON DAVIS HIGHWAY, ARLINGTON, VA 22202, 703-979-4341, G-10.1, P-1, P-9, P-14, SB-2.

Section 9 - Physical & Chemical Properties

NITROGEN; NITROGEN NF

HCC:

NRC/State License Number: N/K
Net Property Weight for Ammo: N/K
Boiling Point: Boiling Point Text: -320F,-196C
Melting/Freezing Point: Melting/Freezing Text: N/K
Decomposition Point: Decomposition Text: N/K
Vapor Pressure: N/R Vapor Density: *
Percent Volatile Organic Content:
Specific Gravity: 0.967 (AIR=1)
Volatile Organic Content Pounds per Gallon:
pH: N/K
Volatile Organic Content Grams per Liter:
Viscosity: N/K
Evaporation Weight and Reference: N/R
Solubility in Water: 2.33SCC/100 CC @ 32F
Appearance and Odor: COLORLESS, ODORLESS, TASTELESS GAS
Percent Volatiles by Volume: N/K
Corrosion Rate: N/K

Section 10 - Stability & Reactivity Data
NITROGEN; NITROGEN NF

Stability Indicator: YES
Materials to Avoid:
NONE
Stability Condition to Avoid:
NONE * VAPOR DENSITY:0.07245 LB/CU FT @ 70F & 1 ATM
Hazardous Decomposition Products:
NONE
Hazardous Polymerization Indicator: NO
Conditions to Avoid Polymerization:
NONE

Section 11 - Toxicological Information
NITROGEN; NITROGEN NF

Toxicological Information:
N/P

Section 12 - Ecological Information
NITROGEN; NITROGEN NF

Ecological Information:
N/P

Section 13 - Disposal Considerations
NITROGEN; NITROGEN NF

Waste Disposal Methods:
DO NOT ATTEMPT TO DISPOSE OF RESIDUAL OR UNUSED QUANTITIES. RETURN TO YOUR SUPPLIER FOR DISPOSAL. FOR EMERGENCY DISPOSAL, SECURE CYLINDER AND VENT SLOWLY TO THE ATMOSPHERE IN A WELL-VENTED AREA OR OUT DOORS.

Section 14 - MSDS Transport Information
NITROGEN; NITROGEN NF

Transport Information:

N/P

Section 15 - Regulatory Information
NITROGEN; NITROGEN NF

SARA Title III Information:

N/P

Federal Regulatory Information:

N/P

State Regulatory Information:

N/P

Section 16 - Other Information
NITROGEN; NITROGEN NF

Other Information:

N/P

HMIS Transportation Information**Product Identification:** NITROGEN; NITROGEN NF**Transportation ID Number:** 60275**Responsible Party CAGE:** AIRLI**Date MSDS Prepared:** 08/24/1989**Date MSDS Reviewed:** 07/18/1994**MFN:** 07/18/1994**Submitter:** G AW**Status Code:** C**Container Information****Unit of Issue:****Container Quantity:****Type of Container:** CYLINDER**Net Unit Weight:** N/K**Article without MSDS:** N**Technical Entry NOS Shipping Number:** N/K**Radioactivity:** N/K**Form:****Net Explosive Weight:** N/K**Coast Guard Ammunition Code:** N/K**Magnetism:** N/P**AF MMAC Code:** NK**DOD Exemption Number:** N/K**Limited Quantity Indicator:****Multiple Kit Number:** 0**Kit Indicator:** N**Kit Part Indicator:** N**Review Indicator:** Y**Additional Data:**

N/K

Department of Transportation Information**DOT Proper Shipping Name:** NITROGEN, COMPRESSED

DOT PSN Code: KLZ

Symbols:

DOT PSN Modifier:

Hazard Class: 2.2

UN ID Number: UN1066

DOT Packaging Group:

Label: NONFLAMMABLE GAS

Special Provision(s):

Packaging Exception: 306

Non Bulk Packaging: 302

Bulk Packaging: 314,315

Maximum Quantity in Passenger Area: 75 KG

Maximum Quantity in Cargo Area: 150 KG

Stow in Vessel Requirements: A

Requirements Water/Sp/Other:

IMO Detail Information

IMO Proper Shipping Name: NITROGEN, COMPRESSED

IMO PSN Code: KSR

IMO PSN Modifier:

IMDG Page Number: 2163

UN Number: 1066

UN Hazard Class: 2(2.2)

IMO Packaging Group: -

Subsidiary Risk Label: -

EMS Number: 2-04

Medical First Aid Guide Number: NON

IATA Detail Information

IATA Proper Shipping Name: NITROGEN, COMPRESSED

IATA PSN Code: SBP

IATA PSN Modifier:

IATA UN Id Number: 1066

IATA UN Class: 2.2

Subsidiary Risk Class:

UN Packaging Group:

IATA Label: NON-FLAMMABLE GAS

Packaging Note for Passengers: 200

Maximum Quantity for Passengers: 75KG

Packaging Note for Cargo: 200

Maximum Quantity for Cargo: 150KG

Exceptions:

AFI Detail Information

AFI Proper Shipping Name: NITROGEN, COMPRESSED

AFI Symbols:

AFI PSN Code: SBP

AFI PSN Modifier:

AFI UN Id Number: UN1066

AFI Hazard Class: 2.2

AFI Packing Group: N/A

AFI Label:

Special Provisions: P5

Back Pack Reference: A6.3, A6.6

HAZCOM Label Information

Product Identification: NITROGEN; NITROGEN NF

CAGE: AIRLI

Assigned Individual: N

Company Name: AIR LIQUIDE AMERICA CORPORATION

Company PO Box: 3047

Company Street Address1: N/K

Company Street Address2: HOUSTON, TX 77253 US

Health Emergency Telephone: 713-896-2140

Label Required Indicator: Y

Date Label Reviewed: 12/16/1998

Status Code: C

Manufacturer's Label Number:

Date of Label: 12/16/1998

Year Procured: N/K

Organization Code: G

Chronic Hazard Indicator: N/P

Eye Protection Indicator: N/P

Skin Protection Indicator: N/P

Respiratory Protection Indicator: N/P

Signal Word: N/P

Health Hazard:

Contact Hazard:

Fire Hazard:

Reactivity Hazard:

8/7/2002 9:30:32 PM

PHIBRO ENERGY SUB OF PHILLIP BROTHERS -- CRUDE OIL - CRUDE OIL
MATERIAL SAFETY DATA SHEET
NSN: 9140010743346
Manufacturer's CAGE: 2Y747
Part No. Indicator: A
Part Number/Trade Name: CRUDE OIL
=====

General Information

=====

Item Name: CRUDE OIL
Company's Name: PHIBRO ENERGY INC SUB OF PHILLIP BROTHERS INC
Company's Street: 600 STEAMBOAT ROAD
Company's City: GREENWICH
Company's State: CT
Company's Country: US
Company's Zip Code: 06830-7149
Company's Emerg Ph #: 713-923-6641/800-424-9300
Company's Info Ph #: 203-661-4770
Distributor/Vendor # 1: AURAL RESEARCH (714-596-6112)
Distributor/Vendor # 1 Cage: 52636
Record No. For Safety Entry: 001
Tot Safety Entries This Stk#: 001
Status: SMU
Date MSDS Prepared: 18DEC91
Safety Data Review Date: 19JUN92
Supply Item Manager: KY
MSDS Preparer's Name: SUE BOTTOM
MSDS Serial Number: BMZJT
Hazard Characteristic Code: F4
Unit Of Issue: GL
=====

Ingredients/Identity Information

=====

Proprietary: NO
Ingredient: BENZENE (SARA III)
Ingredient Sequence Number: 01
Percent: 0.1-5%
NIOSH (RTECS) Number: CY1400000
CAS Number: 71-43-2
OSHA PEL: 1PPM/5STEL;1910.1028
ACGIH TLV: 10 PPM; A2; 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: BUTANE
Ingredient Sequence Number: 02
Percent: 1-7 %
NIOSH (RTECS) Number: EJ4200000
CAS Number: 106-97-8
OSHA PEL: 800 PPM
ACGIH TLV: 800 PPM; 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: CYCLOHEXANE (SARA III)
Ingredient Sequence Number: 03
Percent: <1-4 %
NIOSH (RTECS) Number: GU6300000
CAS Number: 110-82-7
OSHA PEL: 300 PPM
ACGIH TLV: 300 PPM, 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: CYCLOPENTANE
Ingredient Sequence Number: 04
Percent: <1-2 %
NIOSH (RTECS) Number: GY2390000
CAS Number: 287-92-3
OSHA PEL: 600 PPM
ACGIH TLV: 600 PPM; 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: ETHYL BENZENE (SARA III)
Ingredient Sequence Number: 05
Percent: <1-3%
NIOSH (RTECS) Number: DA0700000
CAS Number: 100-41-4
OSHA PEL: 100 PPM/125 STEL
ACGIH TLV: 100 PPM/125STEL 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: N-HEPTANE
Ingredient Sequence Number: 06
Percent: 1-5 %
NIOSH (RTECS) Number: MI7700000
CAS Number: 142-82-5
OSHA PEL: 500 PPM/500 STEL
ACGIH TLV: 400 PPM/500STEL;9293
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: HEXANE (N-HEXANE)
Ingredient Sequence Number: 07
Percent: 2-8 %
NIOSH (RTECS) Number: MN9275000
CAS Number: 110-54-3
OSHA PEL: 500 PPM
ACGIH TLV: 50 PPM; 9293
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: HYDROGEN SULFIDE (SARA III)
Ingredient Sequence Number: 08
Percent: <0.1-3%
NIOSH (RTECS) Number: MX1225000
CAS Number: 7783-06-4
OSHA PEL: (C),20 PPM
ACGIH TLV: 10 PPM/15 STEL; 9293
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: METHYLCYCLOHEXANE
Ingredient Sequence Number: 09
Percent: 1-4 %
NIOSH (RTECS) Number: GV6125000
CAS Number: 108-87-2
OSHA PEL: 500 PPM
ACGIH TLV: 400 PPM; 9293
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: NONANE
Ingredient Sequence Number: 10
Percent: 1-4 %

NIOSH (RTECS) Number: RA6115000
CAS Number: 111-84-2
OSHA PEL: 200 PPM
ACGIH TLV: 200 PPM; 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: OCTANE
Ingredient Sequence Number: 11
Percent: 1-5 %
NIOSH (RTECS) Number: RG8400000
CAS Number: 111-65-9
OSHA PEL: 500 PPM/375 STEL
ACGIH TLV: 300 PPM/375STEL;9293
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: PENTANE
Ingredient Sequence Number: 12
Percent: 1-6 %
NIOSH (RTECS) Number: RZ9450000
CAS Number: 109-66-0
OSHA PEL: 1000 PPM/750 STEL
ACGIH TLV: 600 PPM/750STEL;9293
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: PROPANE
Ingredient Sequence Number: 13
Percent: 1-4 %
NIOSH (RTECS) Number: TX2275000
CAS Number: 74-98-6
OSHA PEL: 1000 PPM
ACGIH TLV: ASPHYXIAN; 9192
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: SULFUR
Ingredient Sequence Number: 14
Percent: <0.1-3%
NIOSH (RTECS) Number: WS4250000
CAS Number: 7704-34-9
OSHA PEL: NOT ESTABLISHED
ACGIH TLV: NOT ESTABLISHED
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: TOLUENE (SARA III)
Ingredient Sequence Number: 15
Percent: <1-2 %
NIOSH (RTECS) Number: XS5250000
CAS Number: 108-88-3
OSHA PEL: 200 PPM/150 STEL
ACGIH TLV: 50 PPM; 9293
Other Recommended Limit: NONE SPECIFIED

Proprietary: NO
Ingredient: XYLENES (O-,M-,P- ISOMERS) (SARA III)
Ingredient Sequence Number: 16
Percent: <1-3 %
NIOSH (RTECS) Number: ZE2100000
CAS Number: 1330-20-7
OSHA PEL: 100 PPM/150 STEL
ACGIH TLV: 100 PPM/150STEL;9192

Other Recommended Limit: NONE SPECIFIED

Proprietary: NO

Ingredient: HEXANE (ISOMERS OTHER THAN N-HEXANE)

Ingredient Sequence Number: 17

Percent: 1-5 %

NIOSH (RTECS) Number: 1002929HI

OSHA PEL: 500 PPM

ACGIH TLV: 500 PPM

Other Recommended Limit: NONE SPECIFIED

Physical/Chemical Characteristics

Appearance And Odor: DARK BROWN/BLACK LIQUID WITH HYDROCARBON/SULFIDE ODOR

Boiling Point: >1000F,>538

Melting Point: NOT GIVEN

Vapor Pressure (MM Hg/70 F): 0.6 - 10

Vapor Density (Air=1): > 1

Specific Gravity: 0.7 - 1.1 @60F

Decomposition Temperature: UNKNOWN

Evaporation Rate And Ref: NOT GIVEN

Solubility In Water: SLIGHT

Percent Volatiles By Volume: 40-60%

Corrosion Rate (IPY): UNKNOWN

Autoignition Temperature: 500F

Fire and Explosion Hazard Data

Flash Point: -40 TO 200F

Lower Explosive Limit: 0.4 %

Upper Explosive Limit: 15 %

Extinguishing Media: DRY CHEMICAL, HALON, FOAM AND CARBON DIOXIDE ARE PREFERRED. FOAM AND WATER FOG CAN CAUSE FROTHING.

Special Fire Fighting Proc: PRODUCT WILL RELEASE FLAMMABLE VAPORS WHICH CAN BURN IN OPEN OR BE EXPLOSIVE IN CONFINED SPACE. PUMP CONTENTS FROM TANK AND COOL TANKS WITH WATER.

Unusual Fire And Expl Hazrds: IMPROPER USE OF WATER MAY CAUSE FROTHING AND SPREAD FIRE OVER LARGER AREA. VAPOR OR GAS MAY SPREAD TO DISTANT IGNITION SOURCES AND FLASH BACK.

Reactivity Data

Stability: YES

Cond To Avoid (Stability): HEAT, SPARKS, OPEN FLAME, STATIC ELECTRICITY OR OTHER POTENTIAL IGNITION SOURCES SHOULD BE AVOIDED. DO NOT SWITCH LOAD.

Materials To Avoid: AVOID STRONG OXIDIZING AGENTS (PEROXIDE, DICHROMATE, PERMANGANATE, CHLORINE, ETC), STRONG ACIDS, CAUSTICS AND HALOGENS.

Health Hazard Data

Precautions for Safe Handling and Use

Control Measures

Transportation Data

Trans Data Review Date: 92171

DOT PSN Code: LKR

DOT Proper Shipping Name: PETROLEUM CRUDE OIL

DOT Class: 3

DOT ID Number: UN1267

DOT Pack Group: II
DOT Label: FLAMMABLE LIQUID
IMO PSN Code: LLR
IMO Proper Shipping Name: PETROLEUM CRUDE OIL
IMO Regulations Page Number: 3271
IMO UN Number: 1267
IMO UN Class: 3.2
IMO Subsidiary Risk Label: -
IATA PSN Code: TIH
IATA UN ID Number: 1267
IATA Proper Shipping Name: PETROLEUM CRUDE OIL
IATA UN Class: 3
IATA Label: FLAMMABLE LIQUID
AFI PSN Code: TIH
AFI Prop. Shipping Name: PETROLEUM CRUDE OIL
AFI Class: 3
AFI ID Number: UN1267
AFI Pack Group: II
AFI Basic Pac Ref: 7-7
Additional Trans Data: REPORTABLE QUANTITY FOR BENZENE 10 LB; FOR XYLENE 1000 LB.

=====

Disposal Data

=====

Label Data

=====

Label Required: YES
Technical Review Date: 19JUN92
Label Date: 18DEC91
MFR Label Number: NONE
Label Status: G
Common Name: CRUDE OIL
Chronic Hazard: YES
Signal Word: WARNING!
Acute Health Hazard-Moderate: X
Contact Hazard-Moderate: X
Fire Hazard-Moderate: X
Reactivity Hazard-None: X
Special Hazard Precautions: CONTAINS BENZENE--CANCER HAZARD. CAN CAUSE KIDNEY, LIVER AND BLOOD DISORDERS. PRODUCT MAY CONTAIN OR RELEASE HYDROGEN SULFIDE. H2S IS A HIGHLY TOXIC, HIGHLY FLAMMABLE GAS WHICH CAN BE FATAL IF INHALED AT CERTAIN CONCENTRATIONS. MAY CAUSE IRRITATION TO EYES, SKIN AND RESPIRATORY SYSTEM. AVOID LIQUID, MIST AND VAPOR CONTACT. HARMFUL OR FATAL IF SWALLOWED. ASPIRATION HAZARD, CAN ENTER LUNGS AND CAUSE DAMAGE. MAY CAUSE IRRITATION OR BE HARMFUL IF INHALED OR ABSORBED THROUGH THE SKIN. FLAMMABLE/COMBUSTIBLE LIQUID. VAPORS MAY EXPLODE.
Protect Eye: Y
Protect Skin: Y
Protect Respiratory: Y
Label Name: PHIBRO ENERGY INC SUB OF PHILLIP BROTHERS INC
Label Street: 600 STEAMBOAT ROAD
Label City: GREENWICH
Label State: CT
Label Zip Code: 06830-7149
Label Country: US
Label Emergency Number: 713-923-6641/800-424-9300



Division of Facilities Services

DOD Hazardous Material Information (ANSI Format) For Cornell University Convenience Only

HYDROGEN, OR LIQUID HYDROGEN

<u>Section 1 - Product and Company Identification</u>	<u>Section 9 - Physical & Chemical Properties</u>
<u>Section 2 - Composition/Information on Ingredients</u>	<u>Section 10 - Stability & Reactivity Data</u>
<u>Section 3 - Hazards Identification Including Emergency Overview</u>	<u>Section 11 - Toxicological Information</u>
<u>Section 4 - First Aid Measures</u>	<u>Section 12 - Ecological Information</u>
<u>Section 5 - Fire Fighting Measures</u>	<u>Section 13 - Disposal Considerations</u>
<u>Section 6 - Accidental Release Measures</u>	<u>Section 14 - MSDS Transport Information</u>
<u>Section 7 - Handling and Storage</u>	<u>Section 15 - Regulatory Information</u>
<u>Section 8 - Exposure Controls & Personal Protection</u>	<u>Section 16 - Other Information</u>

The information in this document is compiled from information maintained by the United States Department of Defense (DOD). Anyone using this information is solely responsible for the accuracy and applicability of this information to a particular use or situation.

Cornell University does not in any way warrant or imply the applicability, viability or use of this information to any person or for use in any situation.

Section 1 - Product and Company Identification HYDROGEN, OR LIQUID HYDROGEN

Product Identification: HYDROGEN, OR LIQUID HYDROGEN

Date of MSDS: 04/13/1977 **Technical Review Date:** 10/14/1994

FSC: 5895 **NIIN:** 01-047-0233

Submitter: D DG

Status Code: C

MFN: 01

Article: N

Kit Part: N

Manufacturer's Information

Manufacturer's Name: AIR PRODUCTS AND CHEMICALS INC.

Manufacturer's Address1: 7201 HAMILTON BLVD

Manufacturer's Address2: ALLENTOWN, PA 18195-1501

Manufacturer's Country: US
General Information Telephone: 215-481-6311 OR 215-481-7711
Emergency Telephone: 800-523-9374 (800-322-9092 IN PA)
Emergency Telephone: 800-523-9374 (800-322-9092 IN PA)
MSDS Preparer's Name: NK
Proprietary: N
Reviewed: Y
Published: Y
CAGE: 00742
Special Project Code: N

Item Description

Item Name: CHARGING ASSEMBLY,VAPOR PRESSURE GAGE
Item Manager: S9E
Specification Number: N/R
Type/Grade/Class: NK
Unit of Issue: EA
Unit of Issue Quantity: 1
Type of Container: CYLINDER

Preparer Information

Preparer's Name: AIR PRODUCTS AND CHEMICALS INC
Preparer's Address1: 7201 HAMILTON BLVD
Preparer's Address2: ALLENTOWN, PA 18195-1501
Preparer's CAGE: 00742
Assigned Individual: N

Contractor Information

Contractor's Name: AIR PRODUCTS AND CHEMICALS INC
Contractor's Address1: 7201 HAMILTON BLVD
Contractor's Address2: ALLENTOWN, PA 18195-1501
Contractor's Telephone: 800-345-3148/610-481-4911
Contractor's CAGE: 00742

Contractor Information

Contractor's Name: HELIX TECHNOLOGY INC. CTI-CRYOGENICS DI
Contractor's Address1: UNKNOWN
Contractor's Address2: UNKNOWN, NK 00000
Contractor's Telephone: UNKNOWN
Contractor's CAGE: 31949

Section 2 - Composition/Information on Ingredients HYDROGEN, OR LIQUID HYDROGEN

Ingredient Name: HYDROGEN
Ingredient CAS Number: 1333-74-0 **Ingredient CAS Code:** M

RTECS Number: MW8900000 **RTECS Code:** M
=WT: =WT Code:
=Volume: =Volume Code:
>WT: >WT Code:
>Volume: >Volume Code:
<WT: <WT Code:
<Volume: <Volume Code:
% Low WT: % Low WT Code:
% High WT: % High WT Code:
% Low Volume: % Low Volume Code:
% High Volume: % High Volume Code:
% Text: N/K
% Enviromental Weight:
Other REC Limits: NK
OSHA PEL: NOT ESTABLISHED **OSHA PEL Code:** M
OSHA STEL: OSHA STEL Code:
ACGIH TLV: NOT ESTABLISHED **ACGIH TLV Code:** M
ACGIH STEL: N/P **ACGIH STEL Code:**
EPA Reporting Quantity:
DOT Reporting Quantity:
Ozone Depleting Chemical: N

Section 3 - Hazards Identification, Including Emergency Overview
HYDROGEN, OR LIQUID HYDROGEN

Health Hazards Acute & Chronic: HYDROGEN IS NONTOXIC AND CLASSIFIED AS A SIMPLE ASPHYXIAN BUT IS EXTREMELY FLAMMABLE. DO NOT ENTER AREAS CONTAINING FLAMMABLE MIXTURES DUE TO THE IMMEDIATE FIRE AND EXPLOSION HAZARD.

Signs & Symptoms of Overexposure:

SYMPTOMS OF ANOXIA OCCUR ONLY WHEN GAS CONCENTRATIONS ARE WITHIN THE FLAMMABLE RANGE AND THE MIXTURE HAS NOT IGNITED. CONTACT OF SKIN WITH LIQUID HYDROGEN OR COLD GAS VAPORS CAN CAUSE CRYOGENIC (EXTREME LOW TEMPERATURE) BURNS AND FREEZE TISSUES.

Medical Conditions Aggravated by Exposure:
UNKNOWN

LD50 LC50 Mixture: N/K

Route of Entry Indicators:

Inhalation: YES

Skin: YES

Ingestion: NO

Carcenogenicity Indicators

NTP: NO

IARC: NO

OSHA: NO

Carcinogenicity Explanation: N/P

Section 4 - First Aid Measures
HYDROGEN, OR LIQUID HYDROGEN

First Aid:

FROZEN TISSUES SHOULD BE FLOODED OR SOAKED WITH TEPID WATER, NOT HOT. DEEPER BURNS AND THERMAL INJURIES SHOULD BE SEEN PROMPTLY BY A PHYSICIAN. INHALATION: REMOVE TO FRESH AIR, PROVIDE CPR/OXYGEN IF NECESSARY. SEEK MEDICAL HELP IMMEDIATELY.

Section 5 - Fire Fighting Measures
HYDROGEN, OR LIQUID HYDROGEN

Fire Fighting Procedures:

SHUT OFF SOURCE OF HYDROGEN. WHEN POSSIBLE, ALLOW FIRE TO BURN ITSELF OUT. SPRAY WATER ON ADJOINING EQUIP TO KEEP IT COOL.

Unusual Fire or Explosion Hazard:

EASILY IGNITED; MIN IGNITION ENERGY IS LOW (.02 MJ) & FLAMMABLE RANGE IS WIDE. FLAME PROPAGATES AT RAPID RATE. EXPLOSION HAZ. IF FIRE REIGNITED & HYD SOURCE NOT SHUT

Extinguishing Media:

DRY CHEMICAL, CARBON DIOXIDE, OR HALON

Flash Point: Flash Point Text: N/K FLAMM GAS

Autoignition Temperature:

Autoignition Temperature Text: NK

Lower Limit(s): 4.04%

Upper Limit(s): 74.2%

Section 6 - Accidental Release Measures
HYDROGEN, OR LIQUID HYDROGEN

Spill Release Procedures:

DO NOT ENTER AREAS CONTAINING FLAMMABLE MIXTURES OF HYDROGEN IN AIR. VENTILATE ENCLOSED AREAS. ELIMINATE SOURCES OF IGNITION. WEAR RESPIRATORY PROTECT, MOVE LEAKING GAS CYLINDER OUT OF DOORS IF LEAK IS SMALL. CONSULT AIR PRODUCTS FOR ADDED ASSISTANCE.

Section 7 - Handling and Storage
HYDROGEN, OR LIQUID HYDROGEN

Handling and Storage Precautions:**Other Precautions:**

Section 8 - Exposure Controls & Personal Protection
HYDROGEN, OR LIQUID HYDROGEN

Respiratory Protection:

NONE NORMALLY REQUIRED. USE NIOSH APPROVED SELF-CONTAINED BREATHING APPARATUS IF TLV IS EXCEEDED OR USING IN CONFINED SPACES.

Ventilation:

NATURAL OR MECHANICAL WHERE GAS OR VAPOR IS PRESENT.

Protective Gloves:

LEATHER

Eye Protection: SAFETY GLASSES OR GOGGLES**Other Protective Equipment:** WORK SHOES FOR HANDLING CYLINDERS.**Work Hygienic Practices:** DO NOT SMOKE WHILE WORKING WITH THIS PRODUCT.**Supplemental Health & Safety Information:** HYDROGEN CAN BURN WITH ALMOST AN INVISIBLE FLAME OF LOW THERMAL RADIATION. PEOPLE HAVE UNKNOWINGLY WALKED INTO HYDROGEN FLAMES. POTENTIAL EXPLOSION HAZARD FROM REIGNITION IF FIRE IS EXTINGUISHED WITHOUT SHUTTING OFF HYDROGEN SOURCE. HYDROGEN GAS IS BUOYANT AND CAN ACCUMULATE IN THE UPPER SECTIONS OF ENCLOSED SPACES.

Section 9 - Physical & Chemical Properties
HYDROGEN, OR LIQUID HYDROGEN

HCC: G2**NRC/State License Number:** NK**Net Property Weight for Ammo:** NK**Boiling Point:** Boiling Point Text: -423F, -253C**Melting/Freezing Point:** Melting/Freezing Text: NK**Decomposition Point:** Decomposition Text: N/K**Vapor Pressure:** N/K **Vapor Density:** SEE BELOW**Percent Volatile Organic Content:****Specific Gravity:** .0696 @68F**Volatile Organic Content Pounds per Gallon:****pH:** N/R**Volatile Organic Content Grams per Liter:****Viscosity:** NK**Evaporation Weight and Reference:** GAS**Solubility in Water:** SLIGHT**Appearance and Odor:** BOTH LIQUID AND GASEOUS HYDROGEN ARE COLORLESS AND ODORLESS.**Percent Volatiles by Volume:** 100**Corrosion Rate:** NK

Section 10 - Stability & Reactivity Data
HYDROGEN, OR LIQUID HYDROGEN

Stability Indicator: YES**Materials to Avoid:**

OXIDIZING MATERIALS. SOME STEELS ARE SUSCEPTIBLE TO HYDROGEN ATTACK OR EMBRITTLEMENT AT HIGH TEMPERATURE AND PRESSURE.

Stability Condition to Avoid:

SOURCES OF IGNITION, SPARKS, FLAMES, HOT OBJECTS

Hazardous Decomposition Products:

NONE

Hazardous Polymerization Indicator: NO**Conditions to Avoid Polymerization:**

NONE

Section 11 - Toxicological Information
HYDROGEN, OR LIQUID HYDROGEN

Toxicological Information:

N/P

Section 12 - Ecological Information
HYDROGEN, OR LIQUID HYDROGEN

Ecological Information:

N/P

Section 13 - Disposal Considerations
HYDROGEN, OR LIQUID HYDROGEN

Waste Disposal Methods:

DO NOT DISPOSE OF CYLINDERS WITH RESIDUAL HYDROGEN. RETURN CYLINDERS TO AIR PRODUCTS WITH POSITIVE RESIDUAL PRESSURE, CYL VALVES TIGHTLY CLOSED, & VALVE CAP IN PLACE. CONTACT AIR PRODUCTS FOR ASSISTAN CE.

Section 14 - MSDS Transport Information
HYDROGEN, OR LIQUID HYDROGEN

Transport Information:

N/P

Section 15 - Regulatory Information
HYDROGEN, OR LIQUID HYDROGEN

SARA Title III Information:

N/P

Federal Regulatory Information:

N/P

State Regulatory Information:

N/P

Section 16 - Other Information
HYDROGEN, OR LIQUID HYDROGEN

Other Information:

N/P

HMIS Transportation Information**Product Identification:** HYDROGEN, OR LIQUID HYDROGEN**Transporation ID Number:** 102733**Responsible Party CAGE:** 00742**Date MSDS Prepared:** 04/13/1977**Date MSDS Reviewed:** 10/14/1994**MFN:** 10/14/1994**Submitter:** D DG**Status Code:** C**Container Information****Unit of Issue:** EA**Container Quantity:** 1**Type of Container:** CYLINDER**Net Unit Weight:** N/K**Article without MSDS:** N**Technical Entry NOS Shipping Number:****Radioactivity:** NK**Form:**

Net Explosive Weight: NK
Coast Guard Ammunition Code: NK
Magnetism: N/P
AF MMAC Code: NK
DOD Exemption Number: NK
Limited Quantity Indicator:
Multiple Kit Number: 0
Kit Indicator: N
Kit Part Indicator: N
Review Indicator: Y
Additional Data:
FOR LIQUIFIED HYDROGEN GAS USE UN 1966.

Department of Transportation Information

DOT Proper Shipping Name: HYDROGEN, COMPRESSED
DOT PSN Code: HLR
Symbols:
DOT PSN Modifier:
Hazard Class: 2.1
UN ID Number: UN1049
DOT Packaging Group:
Label: FLAMMABLE GAS
Special Provision(s):
Packaging Exception: 306
Non Bulk Packaging: 302
Bulk Packaging: 302,314
Maximum Quantity in Passenger Area: FORBIDDEN
Maximum Quantity in Cargo Area: 150 KG
Stow in Vessel Requirements: E
Requirements Water/Sp/Other: 40,57

IMO Detail Information

IMO Proper Shipping Name: HYDROGEN, COMPRESSED
IMO PSN Code: IGH
IMO PSN Modifier:
IMDG Page Number: 2148
UN Number: 1049
UN Hazard Class: 2(2.1)
IMO Packaging Group: -
Subsidiary Risk Label: -
EMS Number: 2-02
Medical First Aid Guide Number: NON

IATA Detail Information

IATA Proper Shipping Name: HYDROGEN, COMPRESSED
IATA PSN Code: NSD
IATA PSN Modifier:
IATA UN Id Number: 1049
IATA UN Class: 2.1
Subsidiary Risk Class:
UN Packaging Group:

IATA Label: FLAMMABLE GAS
Packaging Note for Passengers: FORB
Maximum Quantity for Passengers: FORB
Packaging Note for Cargo: 200
Maximum Quantity for Cargo: 150KG
Exceptions: A1

AFI Detail Information

AFI Proper Shipping Name: HYDROGEN, COMPRESSED
AFI Symbols:
AFI PSN Code: NSD
AFI PSN Modifier:
AFI UN Id Number: UN1049
AFI Hazard Class: 2.1
AFI Packing Group: N/A
AFI Label:
Special Provisions: P4
Back Pack Reference: A6.3,A6.7

HAZCOM Label Information

Product Identification: HYDROGEN, OR LIQUID HYDROGEN
CAGE: 00742
Assigned Individual: N
Company Name: AIR PRODUCTS AND CHEMICALS INC
Company PO Box:
Company Street Address1: 7201 HAMILTON BLVD
Company Street Address2: ALLENTOWN, PA 18195-1501 US
Health Emergency Telephone: 800-523-9374 (800-322-9092 IN PA)
Label Required Indicator: Y
Date Label Reviewed: 10/14/1994
Status Code: C
Manufacturer's Label Number:
Date of Label: 10/14/1994
Year Procured: N/K
Organization Code: F
Chronic Hazard Indicator: N
Eye Protection Indicator: YES
Skin Protection Indicator: YES
Respiratory Protection Indicator: N/P
Signal Word: DANGER
Health Hazard: None
Contact Hazard: Moderate
Fire Hazard: Severe
Reactivity Hazard: None

8/8/2002 2:15:18 AM

**** SECTION 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION ****

MSDS Name: Hydrogen Peroxide Solution 6%

Catalog Numbers:

S74889

Synonyms:

Company Identification: Fisher Scientific
1 Reagent Lane
Fairlawn, NJ 07410

For information, call: 201-796-7100

Emergency Number: 201-796-7100

For CHEMTREC assistance, call: 800-424-9300

For International CHEMTREC assistance, call: 703-527-3887

**** SECTION 2 - COMPOSITION, INFORMATION ON INGREDIENTS ****

CAS#	Chemical Name	%	EINECS#
7722-84-1	Hydrogen peroxide	6.0	231-765-0
7732-18-5	Water	Balance	231-791-2

Hazard Symbols: None Listed.

Risk Phrases: None Listed.

**** SECTION 3 - HAZARDS IDENTIFICATION ****

EMERGENCY OVERVIEW

Appearance: clear, colorless.

Caution! May cause eye and skin irritation. May cause respiratory and digestive tract irritation.

Target Organs: None.

Potential Health Effects

Eye:

Produces irritation, characterized by a burning sensation, redness, tearing, inflammation, and possible corneal injury. Vapors may cause eye irritation.

Skin:

May cause skin irritation.

Ingestion:

May cause irritation of the digestive tract.

Inhalation:

May cause respiratory tract irritation.

Chronic:

No information found.

**** SECTION 4 - FIRST AID MEASURES ****

Eyes:

Immediately flush eyes with plenty of water for at least 15 minutes, occasionally lifting the upper and lower eyelids. Get medical aid immediately.

Skin:

Flush skin with plenty of soap and water for at least 15 minutes while removing contaminated clothing and shoes. Get medical aid if irritation develops or persists.

Ingestion:

If victim is conscious and alert, give 2-4 cupfuls of milk or water. Never give anything by mouth to an unconscious person. Get medical aid.

Inhalation:

Remove from exposure to fresh air immediately. Get medical aid if cough or other symptoms appear.

Notes to Physician:

Treat symptomatically and

**** SECTION 5 - FIRE FIGHTING MEASURES ****

General Information:

As in any fire, wear a self-contained breathing apparatus in pressure-demand, MSHA/NIOSH (approved or equivalent), and full protective gear. Use water spray to keep fire-exposed containers cool. Substance is noncombustible.

Extinguishing Media:

For small fires, do NOT use dry chemicals, carbon dioxide, halon or foams. USE WATER ONLY. For large fires, flood fire area with water from a distance.

Autoignition Temperature: Noncombustible

Flash Point: Noncombustible

Explosion Limits, lower: Not available.

Explosion Limits, upper: Not available.

NFPA Rating:

**** SECTION 6 - ACCIDENTAL RELEASE MEASURES ****

General Information: Use proper personal protective equipment as indicated in Section 8.

Spills/Leaks:

Use water spray to disperse the gas/vapor. Absorb spill using an absorbent, non-combustible material such as earth, sand, or vermiculite. Do not use combustible materials such as saw dust.

**** SECTION 7 - HANDLING and STORAGE ****

Handling:

Wash thoroughly after handling. Wash hands before eating. Use with adequate ventilation. Avoid contact with skin and eyes. Avoid contact with heat, sparks and flame. Avoid ingestion and inhalation.

Storage:

Keep away from heat, sparks, and flame. Keep away from sources of ignition. Do not store in direct sunlight. Store in a cool, dry, well-ventilated area away from incompatible substances.

**** SECTION 8 - EXPOSURE CONTROLS, PERSONAL PROTECTION ****

Engineering Controls:

Use adequate general or local exhaust ventilation to keep airborne concentrations below the permissible exposure limits.

Exposure Limits

Chemical Name	ACGIH	NIOSH	OSHA - Final PELs
Hydrogen peroxide	1 ppm	1 ppm TWA; 1.4 mg/m3 TWA 75 ppm IDLH	1 ppm TWA; 1.4 mg/m3 TWA
Water	none listed	none listed	none listed

OSHA Vacated PELs:

Hydrogen peroxide:

1 ppm TWA; 1.4 mg/m3 TWA

Water:

No OSHA Vacated PELs are listed for this chemical.

Personal Protective Equipment**Eyes:**

Wear appropriate protective eyeglasses or chemical safety goggles as described by OSHA's eye and face protection regulations in 29 CFR 1910.133 or European Standard EN166.

Skin:

Wear appropriate protective gloves to prevent skin exposure.

Clothing:

Wear appropriate protective clothing to prevent skin exposure.

Respirators:

Follow the OSHA respirator regulations found in 29CFR 1910.134 or European Standard EN 149. Always use a NIOSH or European Standard EN 149 approved respirator when necessary.

****** SECTION 9 - PHYSICAL AND CHEMICAL PROPERTIES ******

Physical State:	Liquid
Appearance:	clear, colorless
Odor:	odorless
pH:	Not available.
Vapor Pressure:	Not available.
Vapor Density:	Not available.
Evaporation Rate:	Not available.
Viscosity:	Not available.
Boiling Point:	100 deg C
Freezing/Melting Point:	0 deg C
Decomposition Temperature:	
Solubility in water:	
Specific Gravity/Density:	1
Molecular Formula:	Not applicable.
Molecular Weight:	

****** SECTION 10 - STABILITY AND REACTIVITY ********Chemical Stability:**

Decomposes slowly to release oxygen. Unstable.

Conditions to Avoid:

Incompatible materials, light, excess heat.

Incompatibilities with Other Materials:

Acids (mineral, non-oxidizing, e.g. hydrochloric acid, hydrofluoric acid, muriatic acid, phosphoric acid), acids (organic, e.g. acetic acid, benzoic acid, formic acid, methanoic acid, oxalic acid), alcohols and glycols (e.g. butyl alcohol, ethanol, methanol, ethylene glycol), aldehydes (e.g. acetaldehyde, acrolein, chloral hydrate, formaldehyde), amides (e.g. butyramide, diethyltoluamide, dimethyl formamide), amines (aliphatic and aromatic, e.g. dimethyl amine, propylamine, pyridine, triethylamine), azo, diazo, and hydrazines (e.g. dimethyl hydrazine, hydrazine, methyl hydrazine), carbamates (e.g. carbanolate, carbofuran), cyanides (e.g. potassium cyanide, sodium cyanide), dithiocarbamates (e.g. ferbam, maneb, metham, thiram), esters (e.g. butyl acetate, ethyl acetate, propyl formate), ethers (e.g. dioxane, furfuran, tetrahydrofuran (THF)), hydrocarbons (aromatic, e.g. benzene, chrysene, cumene, toluene), halogenated organics (e.g. dibromoethane, hexachlorobenzene, methyl chloride, trichloroethylene), isocyanates (e.g. methyl isocyanate), ketones

(e.g. acetone, acetophenone, MEK, MIBK), mercaptans and other organic sulfides (e.g. butyl mercaptan, carbon disulfide, methanethiol), metals (alkali and alkaline, e.g. cesium, potassium, sodium), metals as powders (e.g. hafnium, raney nickel), metals as non-powders (e.g. brass, bronze, iron), nitrides (e.g. potassium nitride, sodium nitride), nitriles (e.g. acetonitrile, methyl cyanide), nitro compounds (organic, e.g. nitrobenzene, nitroglycerine, picric acid, trinitrotoluene), hydrocarbons (aliphatic, unsaturated, e.g. cyclopentene, ethylene, heptene), hydrocarbons (aliphatic, saturated, e.g. butane, heptane, isooctane), peroxides and hydroperoxides (organic, e.g. acetyl peroxide, benzoyl peroxide, butyl peroxide, methyl ethyl ketone peroxide), phenols and cresols (e.g. carboric acid, creosote, cresol, phenol, resorcinol), organophosphates, phosphothioates (e.g. methylparathion, parathion, phorate, thionazin), sulfides (i.

Hazardous Decomposition Products:

Oxygen.

Hazardous Polymerization: Will not occur.

**** SECTION 11 - TOXICOLOGICAL INFORMATION ****

RTECS#:

CAS# 7722-84-1: MX0887000 MX0890000 MX0899000 MX0899500
MX0900000

CAS# 7732-18-5: ZC0110000

LD50/LC50:

CAS# 7722-84-1: Inhalation, rat: LC50 = 2 gm/m³/4H; Oral, mouse:
LD50 = 2 gm/kg; Oral, rabbit: LD50 = 820 mg/kg; Oral, rat: LD50 =
1518 mg/kg; Oral, rat: LD50 = 910 mg/kg; Oral, rat: LD50 = 376 mg/kg;
Skin, rat: LD50 = 3 gm/kg; Skin, rat: LD50 = 4060 mg/kg.
CAS# 7732-18-5: Oral, rat: LD50 = >90 mL/kg.

Carcinogenicity:

Hydrogen peroxide -

ACGIH: A3 - Animal Carcinogen

IARC: Group 3 carcinogen

Water -

Not listed by ACGIH, IARC, NIOSH, NTP, or OSHA.

Epidemiology:

No data available.

Teratogenicity:

No data available.

Reproductive Effects:

No data available.

Neurotoxicity:

No data available.

Mutagenicity:

No data available.

Other Studies:

None.

**** SECTION 12 - ECOLOGICAL INFORMATION ****

Ecotoxicity:

Fingerling trout, >40 ppm/48H is toxic. Fathead minnow LC50=22-35
gm/L/96H

**** SECTION 13 - DISPOSAL CONSIDERATIONS ****

Chemical waste generators must determine whether a discarded chemical is classified as a hazardous waste.

US EPA guidelines for the classification determination are listed in 40 CFR Parts 261.3. Additionally, waste generators must consult state and local hazardous waste regulations to ensure complete and accurate

classification.

RCRA P-Series: None listed.

RCRA U-Series: None listed.

**** SECTION 14 - TRANSPORT INFORMATION ****

US DOT

No information available

Canadian TDG

No information available.

**** SECTION 15 - REGULATORY INFORMATION ****

US FEDERAL

TSCA

CAS# 7722-84-1 is listed on the TSCA inventory.

CAS# 7732-18-5 is listed on the TSCA inventory.

Health & Safety Reporting List

None of the chemicals are on the Health & Safety Reporting List.

Chemical Test Rules

None of the chemicals in this product are under a Chemical Test Rule.

Section 12b

None of the chemicals are listed under TSCA Section 12b.

TSCA Significant New Use Rule

None of the chemicals in this material have a SNUR under TSCA.

SARA

Section 302 (RQ)

None of the chemicals in this material have an RQ.

Section 302 (TPQ)

CAS# 7722-84-1: concentration > 52%: TPQ = 1000 pounds; RQ = 1000 pounds

SARA Codes

CAS # 7722-84-1: acute, flammable.

Section 313

No chemicals are reportable under Section 313.

Clean Air Act:

This material does not contain any hazardous air pollutants.

This material does not contain any Class 1 Ozone depleters.

This material does not contain any Class 2 Ozone depleters.

Clean Water Act:

None of the chemicals in this product are listed as Hazardous Substances under the CWA.

None of the chemicals in this product are listed as Priority Pollutants under the CWA.

None of the chemicals in this product are listed as Toxic Pollutants under the CWA.

OSHA:

CAS# 7722-84-1 is considered highly hazardous by OSHA.

STATE

Hydrogen peroxide can be found on the following state right to know lists: California, New Jersey, Florida, Pennsylvania, Minnesota, Massachusetts.

Water is not present on state lists from CA, PA, MN, MA, FL, or NJ.

California No Significant Risk Level:

None of the chemicals in this product are listed.

European/International Regulations

European Labeling in Accordance with EC Directives

Hazard Symbols: Not available.

Risk Phrases:

Safety Phrases:

WGK (Water Danger/Protection)

CAS# 7722-84-1: 0

CAS# 7732-18-5: No information available.

United Kingdom Occupational Exposure Limits

CAS# 7722-84-1: OES-United Kingdom, TWA 1 ppm TWA; 1.4 mg/m3 TWA
CAS# 7722-84-1: OES-United Kingdom, STEL 2 ppm STEL; 2.8 mg/m3 STEL
CAS# 7722-84-1: OES-United Kingdom, STEL 2 ppm STEL; 2.8 mg/m3 STEL

Canada

CAS# 7722-84-1 is listed on Canada's DSL List.
CAS# 7732-18-5 is listed on Canada's DSL List.
WHMIS: Not available.
CAS# 7722-84-1 is listed on Canada's Ingredient Disclosure List.
CAS# 7732-18-5 is not listed on Canada's Ingredient Disclosure List.

Exposure Limits

CAS# 7722-84-1: OEL-AUSTRALIA:TWA 1 ppm (1.5 mg/m3)
OEL-BELGIUM:TWA 1 ppm (1.4 mg/m3)
OEL-DENMARK:TWA 1 ppm (1.4 mg/m3)
OEL-FINLAND:TWA 1 ppm (1.4 mg/m3);STEL 3 ppm (4.2 mg/m3)
OEL-FRANCE:TWA 1 ppm (1.5 mg/m3)
OEL-GERMANY:TWA 1 ppm (1.4 mg/m3)
OEL-THE NETHERLANDS:TWA 1 ppm (1.4 mg/m3)
OEL-THE PHILIPPINES:TWA 1 ppm (1.4 mg/m3)
OEL-SWITZERLAND:TWA 1 ppm (1.4 mg/m3);STEL 2 ppm (2.8 mg/m3)
OEL-TURKEY:TWA 1 ppm (1.4 mg/m3)
OEL-UNITED KINGDOM:TWA 1 ppm (1.5 mg/m3);STEL 2 ppm (3 mg/m3)

**** SECTION 16 - ADDITIONAL INFORMATION ****

MSDS Creation Date: 2/10/1998 Revision #2 Date: 8/02/2000

The information above is believed to be accurate and represents the best information currently available to us. However, we make no warranty of merchantability or any other warranty, express or implied, with respect to such information, and we assume no liability resulting from its use. Users should make their own investigations to determine the suitability of the information for their particular purposes. In no way shall the company be liable for any claims, losses, or damages of any third party or for lost profits or any special, indirect, incidental, consequential or exemplary damages, howsoever arising, even if the company has been advised of the possibility of such damages.

FLD 25 WORKING AT ELEVATION/FALL PROTECTION

(Final Revision 11/10/1999)

[Return to top](#)

GENERAL

This procedure establishes the minimum requirements for elevated work/fall prevention for WESTON operations.

Requirements listed in this procedure are not all-inclusive but are general requirements for ensuring safe elevated work. Should use of these guidelines be impractical or create a greater hazard, then assess the task and conditions to select alternative hazard control measures. Alternative control measures shall be evaluated by the appropriate hazard review (pre-task hazard review, activity hazard analysis). The Site Health and Safety Coordinator (SHSC) must approve alternative fall control measures prior to beginning work.

Exposures to fall hazards shall be managed by reducing the number of workers exposed, relocating equipment/work areas, use of a positioning device, or by choosing different equipment options (i.e., choosing an aerial lift rather than a ladder or scaffold).

This procedure does not apply to emergency response activities such as fire fighting, emergency rescue, or spill situations where compliance is not feasible or increases the overall hazard associated with the response.

REFERENCES

29 CFR 1910 Subpart D, *Walking-Working Surfaces*
29 CFR 1926; Subpart M, *Fall Protection*; Subpart L, *Scaffolds*

ATTACHMENTS

A, Definitions/Acronyms

RESPONSIBILITY

Line management is responsible for ensuring fall protection procedures are implemented and followed in their areas of responsibility. Site specific fall protection programs must be implemented with responsibility delegated to project management, site management, workers, subcontractors, vendors, and client representatives.

General Guidelines

Work performed at elevation where there is a risk of injury due to falls, will be performed in accordance with the following general guidelines:

1. Activities with potential fall hazards shall be identified as part of the pre-job planning hazard assessment process.
2. Fall hazards shall be mitigated by the installation of standard guardrails, stairs, walls or other barriers. Fall hazards shall be mitigated during the design or pre-planning phase on all new equipment/facility design.

Revised 11/1999

3. Exposure to fall hazards shall be managed by reducing the number of workers exposed, relocating equipment/work area, use of a positioning device, or by choosing different equipment options (i.e., choosing an aerial lift rather than a ladder or scaffold).
4. Activities with fall hazards not mitigated by installation of standard guardrails, walls, or other barriers shall be protected by the use of fall protection equipment or safety monitoring system and documented by an approved procedure, work permit, or equivalent document.
5. Equipment (aerial lifts, ladders, body harnesses, lanyards, etc.) shall be visually inspected by trained workers or the SHSC prior to each use. Defective equipment shall be tagged, removed from service immediately, and the Site Supervisor notified.
6. The SHSC shall:
 - Review and approve selected fall protection equipment or alternative fall hazard control measures for unusual circumstances or for the use of fall protective equipment not previously approved
 - Perform periodic assessments of operations to evaluate performance and assure compliance with this Elevated Work/Fall Prevention Procedure.
 - Provide technical guidance and regulatory interpretations to ensure consistent and compliant implementation of this program.
 - Provide comments on and communicate changes in fall prevention regulations.
7. Site Management will:
 - Ensure an adequate supply of standard fall protection equipment is available for issue.
 - Ensure new portable ladders and fall protection equipment are inspected prior to placing them in service.

Fixed Industrial Stairs

1. Fixed stairs shall:
 - Be provided for access from one structure level to another where operations necessitate regular travel between levels, and for access to operating platforms at any equipment which requires routine attention.
 - Be provided where access to elevations is for such purposes as gauging, inspection, regular maintenance, etc., where such work may expose workers to equipment hazards, other harmful substances, or for when carrying of tools or equipment by hand is normally required. Winding stairways may be installed on tanks and similar round structures where the diameter of the structure is not less than five (5) feet.
 - Be designed and constructed to carry a load of five times the normal live load anticipated but never of less strength than to carry safely a moving concentrated load of 1,000 pounds.

- Have a minimum width of 22 inches.
- Be installed at angles to the horizontal of between 30 degrees and 50 degrees. Any uniform combination of rise/tread dimensions may be used that will result in a stairway at a angle to the horizontal within the permissible range.
- Have stair treads of non-slip finish. Welded bar grating treads without nosings are acceptable providing the leading edge can be readily identified by workers descending the stairway and provided tread is serrated or is of definite non-slip design. Rise height and tread width shall be uniform throughout any flight of stairs including any foundation structure used as one or more treads of the stairs.
- Have stairway platforms of no less than the width of a stairway and a minimum of 30 inches in length measured in the direction of travel.
- Have standard railings provided on the open sides of all exposed stairways and stair platforms. Handrails shall be provided on at least one side of a closed stairway, preferably on the right side when descending.
- Have vertical clearance above any stair tread to an overhead obstruction of at least seven (7) feet, measured from the leading edge of the tread.

Ladders

1. Ladders shall:

- Be maintained in good condition at all times.
- Be inspected by workers prior to each use to verify that:
 - a) All hardware and fittings are securely attached, and the movable parts operate freely without binding or undue play;
 - b) Ladder rungs are free from grease, oil, mud, and other materials;
 - c) Ladder safety feet and other auxiliary equipment are in good condition; and
 - d) The ladder does not have any broken or missing steps, rungs, cleats, broken side rails, or any other faulty equipment.
- Not be used with damaged or faulty components and shall be tagged with the appropriate accident prevention tag and removed from service immediately. Improvised repairs shall not be made to any ladder.
- Be re-inspected following competent repairs and approval, the SHSC shall remove the tag identifying the ladder as defective.
- Be used only for their intended purpose (to ascend and descend levels).
- Not be fastened or tied together. The SHSC shall approve any modification of ladders for use in special purpose applications. WESTON considers ladders as an elevating device only

Revised 11/1999

and the Site Manager must approve any work from ladders. Workers must remain within the confines of the ladder and maintain a three-point contact (2 feet and 1 hand) with the ladder for any task approved by the SHSC.

- Be used by only one person at a time. Ladders designed for fire department use and tested accordingly may be used by more than one person if the emergency situation dictates such use.
- Be placed so that the base section has a secure and level footing. The structure supporting the top of the ladder shall have ample strength to support the load, and the area around the bottom and top of the ladder shall be free of obstacles.
- Be supported at top of a window opening only with a board attached across the window to provide firm support against the building walls or window frames.
- Have adjustments made while standing at the base of the ladder. Locks shall be properly engaged prior to use. Adjustments shall not be made from above the locking device or while the worker is on the ladder
- Have two-section extension ladders minimum overlap as follows:
 - Up to and including 36 feet, 3 feet
 - Over 36 feet up to and including 48 feet, 4 feet
 - Over 48 feet up to and including 60 feet, 5 feet
- Be constructed of fiberglass when used in locations where they may come into contact with electrical conductors.
- Be painted or otherwise treated to resist corrosion on fixed metal ladders and appurtenances installed in pits, under floors, and in other corrosive environments. Fixed ladders shall be designed and installed in accordance with 29 CFR 1910.27.
- Be treated with a clear, nonirritating preservative on fixed wooden ladders, when used under conditions where decay may occur.
- Be coated with a clear wood preservative for protection against elements and splinters on all wooden ladders.
- Not be constructed of wood if used in radiological areas (for ease of decontamination and waste minimization).
- Be checked by the Site Supervisor to ensure fixed ladders are designed and fabricated in accordance with applicable requirements.

The Site Supervisor shall consult with the SHSC for design requirements of ladders. The Site Supervisor assures inspections and/or tests of ladders, elevated work platforms, body belts, safety harnesses, etc., are conducted in accordance with applicable requirements.

Revised 11/1999

Straight and extension ladders shall be placed at a 4 : 1 pitch to prevent slipping, shall extend 3 feet above supporting surface, shall be tied off, or be held by another worker. Doors must be blocked, locked, or guarded before placing a ladder in front of them. Workers climbing or descending ladders are not required to use fall protection equipment.

Scaffolds

1. Scaffolds shall be furnished for work that cannot be done safely from the ground, from solid construction, from fixed or portable ladders, or from elevating work platforms. Scaffolds shall be constructed and erected under the supervision of a competent person in accordance with the requirements of applicable standards 29 CFR 1910.28, 1910.29 or 1926 Subpart L.
2. The footing or anchorage for scaffolds shall be sound, rigid, and capable of carrying the maximum intended load without settling or displacement. Unstable objects such as barrels, boxes, loose brick, or loose concrete blocks shall not be used to support scaffolds or planks.
3. The frames shall be placed one on top of the other with coupling or stacking pins to provide proper vertical alignment of the legs.
4. Where uplift may occur, panels shall be locked together vertically by pins or other equivalent suitable means.
5. Scaffolds and their components shall be capable of supporting without failure at least four times the maximum intended load. All planking shall be scaffold grades or equivalent and shall overlap 12 inches or be secured.
6. A guardrail system and toeboards shall be installed on all open sides and ends of scaffold platforms more than 10 feet above the ground or adjacent floor.
7. When physical structure or conditions will not permit the use of guardrails on such, scaffolds, workers shall be protected by a safety harness with lanyard and/or lifeline attached to a qualified anchorage point above the point of operation.
8. An access ladder or other safe access to scaffolds shall be provided. Where workers are required to work or pass under the scaffold, scaffolds shall be provided with a screen between the toeboards and the guardrail consisting of No.18 gage wire, one-half mesh or equivalent.
9. Working from single-point suspension scaffolds, two-point suspension scaffolds, or float or ship scaffolds, workers shall be protected by the use of a safety harness with lanyard and lifeline securely attached to substantial members of the structure or to securely rigged lines, in addition to the use of guardrails.
10. Working from a needle beam scaffold 20 feet or more above the ground or adjacent floor, and working with both hands, workers shall be protected by a safety harness with lanyard and/or lifeline attached to a substantial member of the structure or to securely rigged lines, in addition to the use of guardrails.

Revised 11/1999

Stationary Work Platforms

1. Permanent Work Platforms

- a) All permanent work platforms 4 feet or more above the ground or adjacent floor shall be protected on all unprotected sides and edges by a guardrail system, except where there is an entrance to a ramp, stairway, or fixed ladder. The section of this document titled Special Surfaces or Structures describes additional exceptions to this requirement.
- b) Regardless of height, unprotected sides and edges of permanent work platforms above or adjacent to dangerous equipment (i.e., pickling tanks, degreasing units, etc.) shall be protected by a guardrail system and toe board.
- c) Platforms and the structural elements that support the platform shall be designed in accordance with appropriate engineering standards to comply with 29 CFR 1910.23.

2. Other Stationary Work Platforms

Personnel performing work from platforms not meeting the design requirements of permanent work platforms shall be protected by one of the following methods:

- a) The use of a guardrail system;
- b) The use of personal fall protection, such as a body harness and lanyard or lifeline;
- c) For platform surfaces with a slope from the horizontal of 10 degrees or less, such as the top of large equipment housings, workers may also be protected by the use of designated area warning lines or restraint lines where it can be demonstrated that workers are not exposed to fall hazards and the work is of a temporary nature.

Elevating Work Platforms

1. General

- a) The operators of elevating work platforms shall be qualified, by appropriate training or, by an approved training institute, as an operator for the equipment they operate.
- b) The work platform shall be constructed to adequately support its rated load under any position of loading.
- c) Each platform shall bear a manufacturer's load rating plate, conspicuously posted, stating the maximum permissible rated load.
- d) Platforms shall be furnished with a guardrail system. Open spaces between the intermediate guardrail and platform toeboards on the working side, and between the top guardrail and the toeboards on all other sides of the platform, shall be provided with a screen or mesh that will reject a 1 inch ball and that is capable of withstanding a 100 pound load applied over a 144 square inch area when workers are exposed below the platform.

- e) The platform flooring shall be of nonskid type.
- f) Where access gates are provided, they shall be self-closing, self-locking and open inwards.
- g) Safe work practices, such as remaining within the confines of the guardrail system during work operations, are essential for the protection of workers.

2. Vertical Lift Type Platforms:

When working within the confines of the platform on a "Vertalift" or similar equipment, workers are not required to be restrained by a harness and lanyard, provided the platform has a properly designed guardrail system and was not designed for fall protection anchorage by the manufacturer.

3. Elevating and Rotating Platforms:

- a) Workers shall always stand firmly on the floor of the basket and shall not sit or climb on the edge of the basket or use planks, ladders, or other devices for a work position.
- b) A body harness shall be worn and a lanyard attached to the manufacture's designated attachment points on the boom or basket when working from an aerial lift.
- c) Workers shall not tie off to an adjacent pole, structure, or equipment while working from an aerial lift.

Powered Industrial Truck Platforms

- a) Work platforms, which are attached to powered industrial trucks, shall meet the design and construction requirements of ANSI/AMSE B56.1 Paragraph 7.35.
- b) The platform shall be secured to the lifting carriage of the industrial truck's forks in accordance with the manufacture's instructions.
- c) The worker shall be protected from the moving parts of the industrial truck, and overhead protection as necessary by operating conditions.
- d) When operating controls are available at the elevating platform all other controls shall be rendered inoperable, except that emergency lowering controls shall be provided at the ground level, and means shall be provided whereby workers on the platform can shut off the power to the truck. Alternately, an operator shall remain stationed at the controls while platform work is performed.
- e) The minimum width of the platform shall be 18 inches x 18 inches.
- f) Working 4 or more feet above the adjacent floor or ground, workers shall be protected by a guardrail system or a fall arrest system.

Revised 11/1999

- g) Trucks shall remain stationary while workers are in an elevated position.

Crane or Derrick Suspended Personnel Platforms

- a) Using a crane or derrick to hoist workers shall be considered a critical lift, and all applicable provisions and requirements of WESTON's Hoisting and Rigging Procedure shall be met.
- b) The worker platform, if fabricated on site, shall be designed by a qualified engineer or a qualified person competent in structural design. If a platform is purchased or leased, a qualified person shall perform an approval inspection prior to use.
- c) Working from a boatswain's chair, workers shall be protected by a safety harness with lanyard and/or lifeline securely attached to a substantial member of the structure, or to securely rigged lines separate from the chair support system. When a boatswain's chair is used from a crane, the lift requirements in 29 CFR 1926.550 (g) are applicable.

Roofs

1. General

The Site Supervisor ensures the structural integrity of the facility's roof is verified by a qualified engineer, if there is any question about its ability to support planned work activities, prior to allowing workers to access the roof.

Workers performing activities that may affect the structural integrity of the roof shall have the approval of the building operator/manager prior to accessing the roof. Access to roof should be limited to only those workers necessary to perform the assigned task, and roofs shall not be accessed after dark without adequate lighting.

Work permits, fall protection systems, warning lines, controlled access zones, and safety monitoring systems shall be used. When these methods are infeasible, a fall protection plan may be developed and used in accordance with Appendix E of 29 CFR 1926.502.

Whenever possible, workers must stay on walk-boards. If walk-boards are installed at locations that are less than 6 feet from the edge of the roof, then an alternate route must be used and the situation must be reported to the appropriate supervisor.

Any recognized roof damage or leaks must be reported to the Site Supervisor.

Low-Pitched Roof Work

- a) Workers performing inspection or investigation activities on low-pitched roofs with a ground-to-eave height greater than 6 feet shall be protected from falling at unprotected sides or edges by maintaining a minimum distance of 6 feet from the edge. Workers within 6 feet of an unprotected edge shall be protected by using a body belt and restraining line or a body harness with lanyard and/or lifeline.

Revised 11/1999

- b) Workers performing repair, service, maintenance, or other hands-on work activities on low-pitched roofs with a ground-to-eave height of 6 feet or more, shall be protected from falling by one of the following:

- The use of a guardrail system in accordance with 29 CFR 1926.502 (b).
- The use of a body belt and restraint line or a body harness with lanyard and/or lifeline,

NOTE: A body belt shall not be used as a fall arresting device. Body belts may be used in conjunction with a restraint line to prevent a worker from being exposed to a fall hazard.

- The use of designated area warning lines erected around all sides of the work area. The warning line shall be erected not less than 6 feet from the unprotected edge when mechanical equipment is not being used and not less than 10 feet from the edge when mechanical equipment is being used, or the use of a safety monitoring system on roofs 50 feet or less in width, where mechanical equipment is not being used or stored. Use of the safety monitoring system must have prior approval of safety.
- c) When mechanical equipment is being used, the warning line shall be erected not less than 6 feet (1.8 m) from the roof edge which is parallel to the direction of mechanical equipment operation, and not less than 10 feet (3.1 m) from the roof edge which is perpendicular to the direction of mechanical equipment operation.
- d) Each worker in a hoist area shall be protected from falling 6 feet (1.8 m) or more to lower levels by guardrail systems or personnel fall arrest systems. If guardrail systems or portions thereof, are removed to facilitate the hoisting operation and a worker must lean through the access opening or out over the edge of the access opening that worker shall be protected from fall hazards by a personal fall arrest system.

When guardrail systems are used at hoisting areas, a minimum of 4 feet of guardrail shall be erected on each side of the access point through which materials are hoisted. A chain or gate shall be placed across the opening between the guardrail sections when hoisting or material handling operations are not taking place. When guardrails are used at conduit, duct, chase way, or pipe outlets, a minimum of 4 feet of guardrail shall be erected on each side of the conduit, duct, chase way, or pipe.

When personal fall arrest systems are used, they shall not be attached to the hoist.

Other Roof Work

Workers on a roof 6 feet or more from the ground to eaves and with a pitch of greater than three in twelve without a parapet (roof edge wall) shall be protected by:

- A substantial catch platform installed below the working area, extending 2 feet beyond the projection of the eaves and provided with a guardrail system, or
- The use of personal fall protection consisting of a body harness and lanyard or lifeline.

Revised 11/1999

Special Surfaces or Structures

1. A qualified engineer will evaluate the structural integrity of facilities and anchorage points upon request of responsible site/facility supervision.
2. A safety harness with appropriate lanyard and/or lifeline shall be used where workers are subject to a fall of 4 feet or greater unless otherwise allowed (i.e., roof work and construction activities must be protected at 6 feet or above and work from incomplete scaffolds must be protected at 10 feet or above). A safety belt may be used as a fall restraint device (i.e., a safety belt with a restraint line may be used to prevent a worker from reaching the edge of a platform or roof; a safety harness with lanyard and/or lifeline shall be used if the worker could fall over the edge).
3. Workers accessing elevated structures (i.e., radio towers, meteorological towers, and water towers) shall be provided with and use fall protection equipment at all times while on these structures.
4. Guardrails are not required on the working side of loading platforms such as loading docks where the presence of guardrails would prevent the performance of work.
5. Tanker trucks shall be accessed by one of the following methods:

a) **Unloading Station Platform:**

The working side of loading rack platforms used for access tank cars, tank trucks, or similar equipment are not required to have guardrails. Work performed while on the platform will not require additional levels of fall protection provided that a tanker is positioned by the platform and the worker does not leave the surface of the platform itself. It is understood that at times a worker will lean against the valve structure or place one hand on the tanker in some manner to open a hatch or loosen a bolt. If the worker moves off the platform surface completely and stands, or is committed to only the tanker body, or a top mounted platform on the tanker, away from the unloading platform, then additional fall protection measures must be put into place.

b) **Tankers with Fixed Ladders:**

When climbing, three points of contact (two legs/one hand, or two hands/one leg) shall be maintained. Tools, instruments, sample containers, or other objects not carried on a belt that would require "hand carrying" will be raised and lowered by a rope or a bag attached to a rope. After reaching the desired position of the ladder, both feet must be firmly planted on the ladder rung. Tasks that do not require excessive leverage or torquing (potential to slip if objects break free) do not require the worker to lean or reach beyond normal arm extension with both feet on the ladder rung, and do not require leaning outside the vertical plane of the ladder's vertical rails may be performed. Work involving the use of both hands should be as brief and simple in task sequence as possible. Extended work such as maintenance, replacement of hatch components, work involving powered tools, and levels or work greater than stated above may require additional fall protection requirements on a case by case basis.

Revised 11/1999

c) **Tankers with Elevated Catwalks or Runways:**

Access to hatches shall be targeted to the tanker's center hatches where practical. Travel to the ends of the runways shall require prior notice to supervision to determine if additional fall protection is required for the task.

6. Motor vehicle repair pits over 4 feet but less than 10 feet deep need not be protected by a fall protection system provided access to within 6 feet of the unprotected edge is limited to workers assigned to the work area, and these workers are trained to recognize and avoid the hazard.

Safety Belts, Harnesses, Lanyards, and Lifelines

1. The construction of this equipment shall comply with requirements set forth in ANSI A10.14, *American National Standard for Safety Belts, Harnesses, Lanyards, Lifelines, and Drop Lines for Construction and Industrial Use* and ANSI Z359.1, *Safety requirements for Personal Fall Arrest Systems, Subsystems, and Components*.
2. Each belt and harness assembly shall bear identification marks that identify the manufacturer. The identification shall also bear the date of manufacture and "ANSI A10.14" or "ANSI Z359.1" for general industry class C.
3. Each belt, harness, lanyard, and lifeline assembly shall be visually inspected for defects prior to each use.
4. Each belt and harness assembly shall be inspected, according to the manufacturer's recommendations, and tagged by the appropriate quality control organization when initially received and at least once annually. Faulty equipment shall not be used and shall be tagged as defective.
5. Body belts (safety belts) may only be used in conjunction with a restraint line to prevent a worker from reaching the edge of a roof/elevated platform. Body belts shall not be used as part of a fall arrest system.
6. The harness, lanyard, and lifeline assembly shall be installed to prevent a worker from free falling for more than 6 feet or striking a lower surface or object before the fall is arrested. This is especially important when utilizing shock-absorbers which can elongate as much as 3-1/2 feet during the shock-absorption process.
7. Personal fall protection equipment (harnesses, lanyard, lifelines, etc.) subjected to an arresting fall or a shock load shall not be reused. Return personal fall protection equipment to the appropriate quality control organization if an actual fall situation is experienced.
8. Fall arrest systems shall be tested as complete systems. Only components that are fully compatible with one another shall be used together.
9. Anchorage used for attachment of personal fall arrest equipment shall be capable of supporting at least 5,000 pounds per worker attached. Anchorage for suspended platforms (Boatswain chair, two point suspended scaffold, etc.) shall be independent of any anchorage being used to support or suspend the platform from which work is being performed.

Revised 11/1999

10. Anchorage points for positioning devices which automatically limit free fall distances to 2 feet or less shall be capable of supporting at least twice the potential impact load of an worker's fall or 3000 pounds, whichever is greater.

11. Snaphooks shall be a double locking type.

Standard Equipment

Standard fall protection equipment has been approved for use and is available through Procurement under "Fall Protection Devices." Safety shall approve use of fall protection equipment not available through Procurement prior to use. Additions and deletions to equipment available through Procurement will be made as necessary.

TRAINING

1. Workers performing elevated work shall be trained in accordance with 29 CFR 1926.503, *Training Requirement*.
2. Workers required to use personal protective equipment will be instructed on its proper use and limitations and demonstrate proficiency.
3. Retraining shall be conducted when:
 - a) Changes in the workplace render previous training obsolete;
 - b) Changes in the types of fall protection systems or equipment to be used render previous training obsolete; or
 - c) Inadequacies in an affected worker's knowledge or use of fall protection systems or equipment indicate that the worker has not retained the necessary understanding or skill.
4. Supervisors shall be trained to recognize hazards of elevated work and trained in procedures to be followed to minimize these hazards.
5. A written certification record shall be prepared with the name of workers trained, the date(s) of training, and the signature of the person who conducted the training. This written certification record shall be forwarded to the WESTON safety person responsible for that project.

RECORDS

All records, including hazard assessment certifications, permits, training, and medical evaluations shall be maintained in accordance with WESTON requirements at the project office.

Revised 11/1999

Attachment A

Definitions/Acronyms

Anchorage Point: A secure point of attachment for lifelines, lanyards, or deceleration devices. Anchorage shall be capable of supporting at least 5000 pounds per worker attached (3000 pounds if positioning devices are used which automatically limit free fall distance to 2 feet or less), or shall be designed, installed, and used as part of a complete personal fall arrest system which maintains a safety factor of at least 2, under the supervision of a qualified person.

Aerial Device: Any vehicle mounted device, telescoping or articulating, or both, used to position personnel.

Body Belt (safety belt): A strap with means for securing it around the waist or body and for attaching it to a restraint line. Body belts shall not be used as part of a fall arrest system.

Body Harness: A design of straps secured to the worker in a manner so as to distribute the arresting forces over at least the thighs, shoulders, and pelvis, with provisions for attaching a lanyard, lifeline, or deceleration device.

Connector: A device which is used to couple (connect) parts of the personal fall arrest system and positioning device systems together. It may be an independent component of the system, such as a carabiner, or it may be an integral component of part of the system (such as a buckle or D ring sewn into a body belt or body harness, or a snap-hook spliced or sewn to a lanyard or self-retracting lanyard).

Competent Person: One who is capable of identifying existing and predictable hazards in the surroundings or working conditions that are unsanitary, hazardous, or dangerous to personnel and who has authorization to take prompt corrective measures to eliminate them.

Deceleration Device: Any mechanism, such as a rope grab, rip-stitch lanyard, specially-woven lanyard, tearing or deforming lanyards, automatic self-retracting lifelines/lanyards, etc., which serves to dissipate a substantial amount of energy during a fall arrest, or otherwise limit the energy imposed on an employee during fall arrest.

Designated Area: The area of a low pitched roof, designated by the erection of warning lines, where work may take place without the use of guardrail, body belt, or safety net systems to protect employees in the area.

Elevating Work Platforms: Any number of vehicle-mounted or portable and extendable work platforms including, but not limited to, aerial devices, boom platforms, telescoping derricks, articulating booms, vertical lifts, and suspended and powered personnel platforms.

Elevated Work: Inspection, service, repair, maintenance, and other activities performed on an open-sided floor, platform, roof or other walking-working surface 4 feet or more above the ground or adjacent floor.

Fall Protection: Systems, fixtures, and/or devices that prevent workers from falling from one elevation to a level below.

Revised 11/1999

Fall Restraint: Systems, fixtures, and/or devices that limit the motion of workers to prevent falling from elevated work areas.

Guardrail System: A vertical barrier, normally consisting of, but not limited to, an assembly of top rails, mid-rails, toeboards, and posts, erected to prevent personnel from falling to a lower level.

Ladder: A device used to gain access to a different elevation, consisting of two or more structural members crossed by rungs, steps, or cleats. It includes stepladders, extension ladders, mobile ladder stands, and fixed ladders.

Lanyards: A minimum of one-half inch diameter nylon or equivalent rope fastened to a safety belt or harness with a snap or shock absorber on the free end a maximum length to provide protection against a fall of no greater than 6 feet and capable of supporting a minimum of 5000 pounds.

Lifeline: A flexible line for connection to an anchorage (fixed support) at one end to hang vertically, or to stretch horizontally between two anchorage, that serves as a means of connecting other components of the fall protection system. Vertical lifelines shall be capable of supporting a minimum of 5000 pounds.

Low-pitched Roof: A roof having a slope of three in twelve or less from horizontal.

Mechanical Equipment: All motor or human propelled wheeled equipment except for wheelbarrows and mop carts.

Motion Stopping Safety Systems: A fall protection system using the following equipment singly or in combination: standard railing (guardrails), scaffolds or platforms with standard guardrails, or safety belt with restraint line.

Parapet: A low wall at the edge of a roof or balcony. Parapet must be a minimum of 39 inches in height and capable of withstanding a load of at least 200 pounds applied in any direction at any point on the wall to be considered as adequate fall protection.

Permanent Work Platforms: A permanent elevated working surface equipped with approved handrails and toeboards, and utilized for performing work above floor or ground level.

Personal Fall Arrest System: A system used to arrest an employee in a fall from a working level. It consists of an anchorage, connectors, a body harness, and may include a lanyard, deceleration device, lifeline, or suitable combination of these.

Platform: A walking-working surface for persons elevated above the surrounding floor or ground, such as a balcony or platform for the operation of machinery and equipment. For purposes of elevated work safety, platforms are interpreted to be any elevate surface upon which personnel are required or allowed to walk or work while performing assigned tasks such as inspection, service, repair, or maintenance on a predictable and regular basis.

Positioning Device System: A body belt or body harness system rigged such that an employee cannot fall more than 2 feet, and is secured to an anchorage capable of supporting at least twice the potential impact load of an employee's fall or 3,000 pounds, whichever is greater.

Revised 11/1999

Qualified (person): A person who by possession of a recognized degree, certificate or professional standing, or who by knowledge, training and experience, has successfully demonstrated an ability to solve or resolve problems relating to the specific subject, work, product, or project.

Restraint Line: A line from an anchorage or between anchorage to which a worker is secured in such a way as to prevent the worker from walking or falling off an elevated work surface.

Rope Grab: A deceleration device, which travels on a lifeline and automatically, by friction, engages the lifeline and locks so as to arrest the fall of an employee. A rope grab usually employs the principle of inertial locking, cam/level locking, or both.

Safety Monitoring System: A safety system in which a competent person monitors the safety of all workers on an elevated work surface, and warns them when it appears to the monitor that they are unaware of the hazard or are acting in an unsafe manner. The competent person shall be on the same elevated surface and/or within visual sighting distance of the workers, and must be close enough to verbally communicate with the workers. *(Use of the safety monitoring system requires prior approval of Safety.)*

Scaffold: Any temporary elevated platform and its supporting structure used for supporting workers or material, or both.

Boatswain's Chair: A seat supported by slings attached to a suspended rope, designed to accommodate one worker in a seated position.

Float or Ships Scaffold: A scaffold hung from overhead supports by means of ropes and consisting of a substantial platform having diagonal bracing underneath, resting upon and securely fastened to two parallel plank bearers at right angles to the span.

Needle-Beam Scaffold: A light duty scaffold consisting of needle beams supporting a platform.

Single-Point Suspension Scaffold: A manually or power operated unit designed for light duty use, supported by a single wire rope from an overhead support, arranged and operated to permit the raising or lowering of the platform to the desired working position.

Two-Point Suspension Scaffold (Swinging scaffold): A scaffold, the platform of which is supported by hangers at two points, suspended from overhead supports to permit the raising and lowering of the platform to the desired working position by tackle or hoisting mechanism.

Self-retracting lifeline/lanyard: A deceleration device containing a drum-wound line which can be slowly extracted from, or retracted onto, the drum under slight tension during normal employee movement, and which, after onset of a fall, automatically locks the drum and arrests the fall.

Snaphook: A connector comprised of a hook-shaped member with a normally closed keeper, or similar arrangement, which may be opened to permit the hook to receive an object and, when released, automatically closes to retain the object. Snaphooks shall be the locking type with a self-closing, self-locking keeper which remains closed and locked until unlocked and pressed open for connection or disconnection.

Revised 11/1999

Unprotected Sides and Edges: Any side or edge of a surface, except at entrances to points of access, where there is no wall or guardrail system.

Vehicle: Any carrier that is not manually propelled.

Vertalift: A manually or mechanically operated platform which elevates workers in a vertical direction only.

Warning lines: A rope, wire, or chain, and supporting stanchions erected on low pitched roofs/work platforms to warn workers that they are approaching an unprotected roof side or edge, and which designates an area in which work may take place without the use of guardrail, body belt, or safety net systems.

Revised 11/1999

**ATTACHMENT B
MATERIAL SAFETY DATA SHEETS
(MSDSs)-FORM 26**

ATTACHMENT C
SAFETY PROCEDURES/FIELD OPERATING PROCEDURES
(FLD OPs)-FORM 27

Click [here](#) to go to the Table of Contents, Section 2 - FLDs

ATTACHMENT D
SITE-SPECIFIC HAZARD COMMUNICATION PROGRAM-FORM 28

Click [here](#) to go to Form 28

SITE-SPECIFIC HAZARD COMMUNICATION PROGRAM-FORM 28

Location-Specific Hazard Communication Program/Checklist

To ensure an understanding of and compliance with the Hazard Communication Standard, WESTON will use this checklist/document (or similar document) in conjunction with the WESTON Written Hazard Communication Program as a means of meeting site- or location-specific requirements.

While responsibility for activities within this document reference the WESTON Safety Officer (SO), it is the responsibility of all personnel to effect compliance. Responsibilities under various conditions can be found within the WESTON Written Hazard Communication Program.

To ensure that information about the dangers of all hazardous chemicals used by WESTON are known by all affected employees, the following Hazard Communication Program has been established. All affected personnel will participate in the Hazard Communication Program. This written program, as well as WESTON's Corporate Hazard Communication Program, will be available for review by any employee, employee representative, representative of OSHA, NIOSH, or any affected employer/employee on a multi-employer site.

- ☒ Site or other location name/address: Sybill, Inc. 111 Military St, Detroit MI
- ☒ Site/Project/Location Manager: Kevin Axe
- ☒ Site/Location Safety Officer: Ron Bugg
- ☒ List of chemicals compiled, format: ☒ HASP ☐ Other: _____
- ☒ Location of MSDS files: HASP
- ☐ Training conducted by: Name: _____ Date: _____
- ☐ Indicate format of training documentation: ☐ Field Log: ☐ Other: _____
- ☐ Client briefing conducted regarding hazard communication: _____
- ☒ If multi-employer site (client, subcontractor, agency, etc.), indicate name of affected companies:
U.S. EPA
- ☐ Other employer(s) notified of chemicals, labeling, and MSDS information: _____
- ☐ Has WESTON been notified of other employer's or client's hazard communication program(s), as necessary? ☐ Yes ☐ No

List of Hazardous Chemicals

A list of known hazardous chemicals used by WESTON personnel must be prepared and attached to this document or placed in a centrally identified location with the MSDSs. Further information on each chemical may be obtained by reviewing the appropriate MSDS. The list will be arranged to enable cross-reference with the MSDS file and the label on the container. The SO or Location Manager is responsible for ensuring the chemical listing remains up-to-date.

Container Labeling

The WESTON SO will verify that all containers received from the chemical manufacturer, importer, or distributor for use on-site are clearly labeled.

The SO is responsible for ensuring that labels are placed where required and for comparing MSDSs and other information with label information to ensure correctness.

Revised 02/1998

Material Safety Data Sheets (MSDSs)

FORM 28

The SO is responsible for establishing and monitoring WESTON's MSDS program for the location. The SO will ensure that procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. He/she will see that any new information is passed on to the affected employees. If an MSDS is not received at the time of initial shipment, the SO will call the manufacturer and have an MSDS delivered for that product in accordance with the requirements of WESTON's Written Hazard Communication Program.

A log for, and copies of, MSDSs for all hazardous chemicals in use will be kept in the MSDS folder at a location known to all site workers. MSDSs will be readily available to all employees during each work shift. If an MSDS is not available, immediately contact the WESTON SO or the designated alternate. When a revised MSDS is received, the SO will immediately replace the old MSDS.

Employee Training and Information

The SO is responsible for the WESTON site-specific personnel training program. The SO will ensure that all program elements specified below are supplied to all affected employees.

At the time of initial assignment for employees to the work site, or whenever a new hazard is introduced into the work area, employees will attend a health and safety meeting or briefing that includes the information indicated below.

- Hazardous chemicals present at the work site.
- Physical and health risks of the hazardous chemicals.
- The signs and symptoms of overexposure.
- Procedures to follow if employees are overexposed to hazardous chemicals.
- Location of the MSDS file and Written Hazard Communication Program.
- How to determine the presence or release of hazardous chemicals in the employee's work area.
- How to read labels and review MSDSs to obtain hazard information.
- Steps WESTON has taken to reduce or prevent exposure to hazardous chemicals.
- How to reduce or prevent exposure to hazardous chemicals through the use of controls procedures, work practices, and personal protective equipment.
- Hazardous, nonroutine tasks to be performed (if any).
- Chemicals within unlabeled piping (if any).

Hazardous Nonroutine Tasks

When employees are required to perform hazardous nonroutine tasks, the affected employee(s) will be given information by the SO about the hazardous chemicals he or she may use during such activity. This information will include specific chemical hazards, protective and safety measures the employee can use, and steps WESTON is using to reduce the hazards. These steps include, but are not limited to, ventilation, respirators, presence of another employee, and emergency procedures.

Chemicals in Unlabeled Pipes

Work activities may be performed by employees in areas where chemicals are transferred through unlabeled pipes. Prior to starting work in these areas, the employee will contact the SO, at which time information as to the chemical(s) in the pipes, potential hazards of the chemicals or the process involved, and the safety precautions that should be taken will be determined and presented.

Multi-Employer Work Sites

It is the responsibility of the SO to provide other employers with information about hazardous chemicals imported by WESTON to which their employees may be exposed, along with suggested safety precautions. It is also the responsibility of the SO and the Site Manager to obtain information about hazardous chemicals used by other employers to which WESTON employees may be exposed. WESTON's chemical listing will be made available to other employers, as requested. MSDSs will be available for viewing, as necessary. The location, format, and/or procedures for accessing MSDS information must be relayed to affected employees.

Revised 02/1998

SITE AIR MONITORING PROGRAM FORM 29

Field Data Sheets

Location:

% LEL	% O ₂	PID (units)	FID (units)	Aerosol Monitor (mg/m ³)	GM: Shield Probe/Thin Window		NaI (uR/hr)	ZnS (cpm)
					mR/hr	cpm		
Monitox (ppm)				Detector Tube(s)				
Sound Levels (dBA)		Illumination	pH	Other	Other	Other	Other	Other

Location:

% LEL	% O ₂	PID (units)	FID (units)	Aerosol Monitor (mg/m ³)	GM: Shield Probe/Thin Window		NaI (uR/hr)	ZnS (cpm)
					mR/hr	cpm		
Monitox (ppm)				Detector Tube(s)				
Sound Levels (dBA)		Illumination	pH	Other	Other	Other	Other	Other

Revised 02/1998

[illegible]

Revised 02/1998

CONTENTS LIST **FIRST AID KITS OFFICE/LABORATORY**

[Return to top](#)

CONTENTS	KIT #1 < 15 EMP.	KIT #2 > 15 EMP.
BAND-AIDS		
- Adhesive Strip, 1" x 3"	20/10	50/20
- Knuckle	20/10	20/10
- Finger Tip, 1-3/4" x 2"	0	20/10
- Finger Tip, 1-7/8" x 3"	10/5	25/5
- Small Strip, 1-1/2" x 7/8"	10/5	10/5
TAPE		
- Adhesive, 1"	1/1	2/1
BANDAGES		
- Gauze (Roller type - Kerlix), 2" & 4"	1/1	2
- Wrap (Self-adhering - Cobane), 3" or 4"	1/1	2/1
- Triangular	1/1	2
- Elastic Ace Wraps, 4"	1/1	2/1
GAUZE PADS		
- 4" x 4"	5/2	10/5
- Non-Stick (Telfa-like)	5/2	10/5
DRESSINGS		
- Eye	2/1	4/1
- Compress	2/1	2/1
ANTISEPTICS/OINTMENTS		
- First Aid Cream Packs	5/3	2/1
- Burn Gel	2/1	10/1
- Hydrocortisone Packs	10/2	10/2
- Sterile Eyewash Solution	2/1	2/1
- Sterile Eye/Skin Wash Sol.	2/1	2/1
- Antiseptic Swabs and/or Betadine Swabs, Box 10	1/1	2/1
OTHER		
- Cold Packs	2/1	4/1
- Ammonia Ampoules	5/3	10/3
- Disposable Blanket	1/1	1/1
- Surgical Gloves	5/2 pr.	10/4 pr.
- CPR Shield ("Mircoshield")	2/1	2/1
- BBP Infection Control Kit	1/1	1/1
- Non-Aspirin Pain Reliever	10/5	25/10
- Goggles (Uvex Ultraspec 1000 or similar) pair	1	1

Revised 1997

CONTENTS LIST **FIRST AID KITS FIELD/VEHICLES**

[Return to top](#)

CONTENTS	IDEAL/MINIMUM QUANTITY	
	TRUCKS/VANS	FIELD
BAND-AIDS		
- Adhesive Strip, 7/8" x 3"	20/10	50/20
- Adhesive Strip, 1-1/2" x 7/8"	10/5	50/10
TAPE		
- Adhesive 1"	1/1	2/1
BANDAGES		
- Gauze (Roller type - Kerlix), 2" & 4"	1/1	2/1
- ACE Wraps		2/1
GAUZE PADS		
- 3" x 3"	10/5	20/10
DRESSINGS		
- Eye	2/1	4/2
ANTISEPTICS / OINTMENTS		
- Burn Gel	1/0	10/5
- Sterile Eyewash Solution	1/0	1/0
- Antiseptic Swabs and/or Betadine Swabs, Box 10	1/1	2/1
OTHER		
- Ammonia Ampoules	4/2	5/2
- Surgical Gloves	2/2 pr.	5/2 pr.
- CPR Shield	1/1	2/1
- Non-Aspirin	15/10	25/10
- Insect Sting Kit (crushable ampoules)	1/1	2/1
- Alcohol-Foam Scrub - can	1/1	1/1
- Goggles (UVex Ultraspec 1000 or similar) pair	1/1	1/1

Revised 1997

BLOODBORNE PATHOGENS KIT CONTENTS LIST	
1 ea.	Clean-up Absorbent Pack
1 ea.	Disposable Apron
1 pr.	Disposable Goggles/Safety Glasses
1 ea.	Protective Airway Mask
2 pr.	Latex Disposable Gloves
1 ea.	Scoop
1 ea.	Scraper
2 ea.	Red Biohazard Plastic Bags with Twist Ties
1 ea.	8 oz. Pour Bottle Chlorine Concentrate
3 ea.	Disposable Paper Towels
2 ea.	Chlorhexidine Towelettes or Equivalent
2 ea.	Germicidal Disposable Cloths
1 pr.	Disposable Shoe Covers
1 ea.	Disposable Face Mask

Use above list as a minimum requirement for Bloodborne Pathogens.

[Home](#) | [Help](#)

MAPQUEST

Quick and easy recipes,

MAPS

DRIVING DIRECTIONS

ROAD TRIP PLANNER

YELLOW PAGES

driving directions

- North America
- Europe
- Saved Routes

What's Nearby

Search miles for:
☐ **SixFlags**


Search

Orbitz Travel Deals

- Flights:**
[Find low fares to the Detroit area!](#)
- Rental Cars:**
[Find special offers on rental prices in the Detroit area!](#)
- Lodging:**
[Save up to 75% on Orbitz Savers nationwide. Search Detroit, MI!](#)

ORBITZ

City Guide

- Detroit Dining
- Detroit News
- Detroit Movies
- Detroit Entertainment

Yellow Pages

FROM:

111 Military St
Detroit, MI
48209-4102 US

TO:

4201 Saint Antoine St
Detroit, MI
48201-2153 US

Total Distance: 6.12 miles

Total Estimated Time: 10 minutes

PRINT ROUTE

SAVE ROUTE

E-MAIL ROUTE

REVERSE DIRECTIONS

DOWNLOAD ROUTE TO PDA

FASTEST ROUTE

SHORTEST ROUTE

AVOID HIGHWAYS

DIRECTIONS

DIRECTIONS	DISTANCE
1: Start out going Northwest on MILITARY ST towards HUSSAR ST by turning left.	0.17 miles
2: Turn LEFT onto FORT ST W/MI-3.	0.07 miles
3: Turn RIGHT onto DRAGOON ST.	0.06 miles
4: Turn RIGHT onto FISHER FRWY W.	0.03 miles
5: Turn SLIGHT LEFT to take the I-75 N ramp.	0.16 miles
6: Merge onto I-75 N.	3.98 miles
7: Take the I-75 N/I-375 S exit towards DOWNTOWN/FLINT.	0.22 miles
8: Take the I-75 N exit on the left towards FLINT.	0.25 miles
9: Merge onto I-75 N.	0.37 miles
10: Take the exit- exit number 52- towards MACK AVE.	0.16 miles
11: Stay straight to go onto CHRYSLER DR.	0.04 miles
12: Turn LEFT onto MACK AVE.	0.28 miles
13: Turn RIGHT onto ST ANTOINE ST.	0.01 miles
14: ST ANTOINE ST becomes BEAUBIEN ST.	0.25 miles
15: BEAUBIEN ST becomes ST ANTOINE ST.	0.06 miles
Total Estimated Time:	Total Distance:
10 minutes	6.12 miles

Need a hotel, car, or flight?

[Search Now!](#)

Newsletter
Get fall tail



The MapQuest will steer you direction.
Sign up today!

Your Email

Sign

MapStore

MapQuest's i
has arrived at



Having car trouble?

Call VAS Roadside at (888) 627-7623 for a tow, jump-start or gas. Just \$69.99 when you mention your MapQuest promotion code 006.

Call (888) 627-7623

Search **Detroit** for:

Auto repair

Search

ROUTE OVERVIEW:CLICKING ON MAP WILL: ☐ Zoom In ☒ Re-centerAll rights reserved. Use Subject to
License/Copyright

Map Legend

**DESTINATION:**

**4201 Saint Antoine St
Detroit, MI
48201-2153 US**


**Re-display Directions with:**

☒ Overview Map with Text ☐ Text Only ☐ Turn-by-Turn Maps with Text

RE-DISPLAY ROUTE


These directions are informational only. No representation is made or warranty given as to their content, road conditions or route usability or expeditiousness. User assumes all risk of use. MapQuest and its suppliers assume no responsibility for any loss or delay resulting from such use.

[Site Index](#) | [About MapQuest](#) | [Partners](#) | [MapStore](#) | [Help Center](#)



SUPERPAGES.COM

BETTER PAGES FOR BETTER DECISIONS



[english](#) | [spanish](#)

HOME
PAGE

MY
DIRECTORY

YELLOW
PAGES

BUSINESS
CENTER

PEOPLE
PAGES

SUPER
TOPICS

CONSUMER
GUIDE

CITY
PAGES

SEARCH FOR
U.S. BUSINESSES

Simple Search
Map-Based Search
Search by Distance
Detailed Search

NATIONWIDE
SEARCHES

Business Name
Telephone Number

Global Directories
Search Tips | Help


My Directory

People Pages

Maps
Driving Directions

Print-Friendly Version

Sunfinder.com
Great Vacations
Low Airfares

Search
Consumer Guide
SUPERPAGES.COM 

MAPS & DRIVING DIRECTIONS

[Home](#) → [Yellow Pages](#) → [Driving Directions](#)

Starting at the bottom is one thing.

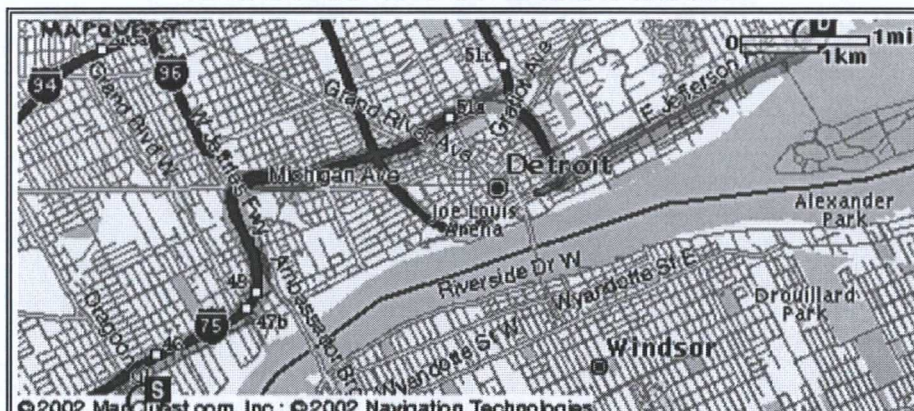


ST. JOHN RIVERVIEW HOSPITAL
DRIVING DIRECTIONS

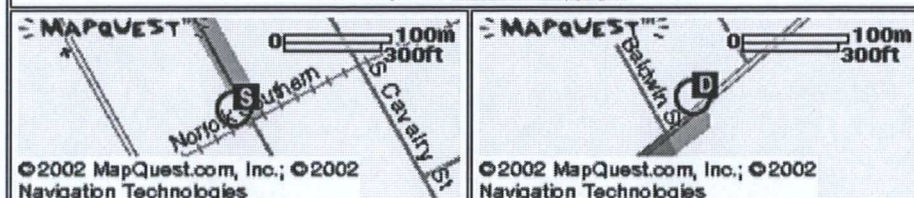
Your directions are below.

You can also [create a map](#) or get additional [driving directions](#).

Door to Door Directions



Use Subject to License / Copyright



Start
111 MILITARY ROAD
DETROIT, MI

Destination
7733 E. JEFFERSON
DETROIT, MI

From:	111 MILITARY ROAD DETROIT, MI																										
To:	7733 E. JEFFERSON DETROIT, MI																										
<table> <tr> <th>Directions</th><th>Distance</th></tr> <tr> <td>1: Start out going Northwest on MILITARY ST towards HUSSAR ST by turning left.</td><td>0.2 miles</td></tr> <tr> <td>2: Turn LEFT onto FORT ST W.</td><td>0.1 miles</td></tr> <tr> <td>3: Turn RIGHT onto DRAGOON ST.</td><td>0.1 miles</td></tr> <tr> <td>4: Turn RIGHT onto FISHER FRWY W.</td><td>0.0 miles</td></tr> <tr> <td>5: Turn SLIGHT LEFT to take the I-75 N ramp.</td><td>0.2 miles</td></tr> <tr> <td>6: Merge onto I-75 N.</td><td>4.0 miles</td></tr> <tr> <td>7: Take the I-75 N/I-375 S exit towards DOWNTOWN/FLINT.</td><td>0.2 miles</td></tr> <tr> <td>8: Take the I-375 S exit towards DOWNTOWN.</td><td>0.2 miles</td></tr> <tr> <td>9: Merge onto I-375 S.</td><td>0.4 miles</td></tr> <tr> <td>10: Take the exit towards JEFFERSON AVE EAST.</td><td>0.1 miles</td></tr> <tr> <td>11: Stay straight to go onto CHRYSLER DR.</td><td>0.1 miles</td></tr> <tr> <td>12: Turn LEFT onto E JEFFERSON AVE.</td><td>2.3 miles</td></tr> </table>		Directions	Distance	1: Start out going Northwest on MILITARY ST towards HUSSAR ST by turning left.	0.2 miles	2: Turn LEFT onto FORT ST W.	0.1 miles	3: Turn RIGHT onto DRAGOON ST.	0.1 miles	4: Turn RIGHT onto FISHER FRWY W.	0.0 miles	5: Turn SLIGHT LEFT to take the I-75 N ramp.	0.2 miles	6: Merge onto I-75 N.	4.0 miles	7: Take the I-75 N/I-375 S exit towards DOWNTOWN/FLINT.	0.2 miles	8: Take the I-375 S exit towards DOWNTOWN.	0.2 miles	9: Merge onto I-375 S.	0.4 miles	10: Take the exit towards JEFFERSON AVE EAST.	0.1 miles	11: Stay straight to go onto CHRYSLER DR.	0.1 miles	12: Turn LEFT onto E JEFFERSON AVE.	2.3 miles
Directions	Distance																										
1: Start out going Northwest on MILITARY ST towards HUSSAR ST by turning left.	0.2 miles																										
2: Turn LEFT onto FORT ST W.	0.1 miles																										
3: Turn RIGHT onto DRAGOON ST.	0.1 miles																										
4: Turn RIGHT onto FISHER FRWY W.	0.0 miles																										
5: Turn SLIGHT LEFT to take the I-75 N ramp.	0.2 miles																										
6: Merge onto I-75 N.	4.0 miles																										
7: Take the I-75 N/I-375 S exit towards DOWNTOWN/FLINT.	0.2 miles																										
8: Take the I-375 S exit towards DOWNTOWN.	0.2 miles																										
9: Merge onto I-375 S.	0.4 miles																										
10: Take the exit towards JEFFERSON AVE EAST.	0.1 miles																										
11: Stay straight to go onto CHRYSLER DR.	0.1 miles																										
12: Turn LEFT onto E JEFFERSON AVE.	2.3 miles																										
Total Distance:	7.9 miles																										
Estimated Time:	17 minutes																										

Display Options:

☐ Text Only
 ☒ Text with Overview Map
 ☐ Text with Turn-by-Turn Maps

Redisplay Results

These maps and driving directions are provided for general reference purposes only. No representation is made or warranty is given as to their content or the reliability thereof. User assumes all risk of use. Verizon Directories Corp., its affiliates and suppliers assume no responsibility for any loss or delay resulting from such use. Please call ahead to verify the location and directions.

[Home](#) | [My Directory](#) | [Yellow Pages](#) | [Business Center](#) | [People Pages](#) | [Super Topics](#) | [Consumer City Pages](#) | [About Us / Help](#) | [Advertise on SuperPages](#) | [Add / Change Listing](#) | [Privacy Policy](#) | [Contact Us](#) | [Terms & Conditions](#) | [Verizon Products / Services](#) | [Jobs](#)

Copyright © 1996 - 2002 Verizon All rights reserved.